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(54) **METHOD FOR DETERMINING THE POSITION OF A ROTATABLE JAW OF A SURGICAL INSTRUMENT ATTACHMENT ASSEMBLY**

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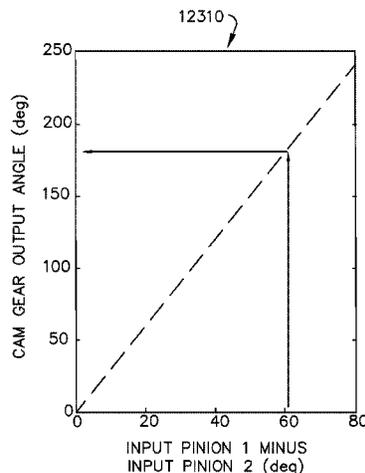
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(57) **ABSTRACT**

A method for determining the position of a rotatable jaw of an attachment relative to a non-rotatable jaw is disclosed. The method comprises assembling the attachment to a surgical robot, rotating a first rotatable driver of the robot to align the first driver with a first rotatable drive of the attachment, and rotating a second rotatable driver of the robot to align the second driver with a second rotatable drive of the attachment. The method further comprises evaluating the amount of rotation required to align the first driver with the first drive and the amount of rotation required to align the second driver with the second drive, calculating a difference between the amount of rotation of the first driver and the amount of the rotation of the second driver, and determining the position of the rotatable jaw relative to the non-rotatable jaw based on the calculated difference.

**17 Claims, 73 Drawing Sheets**



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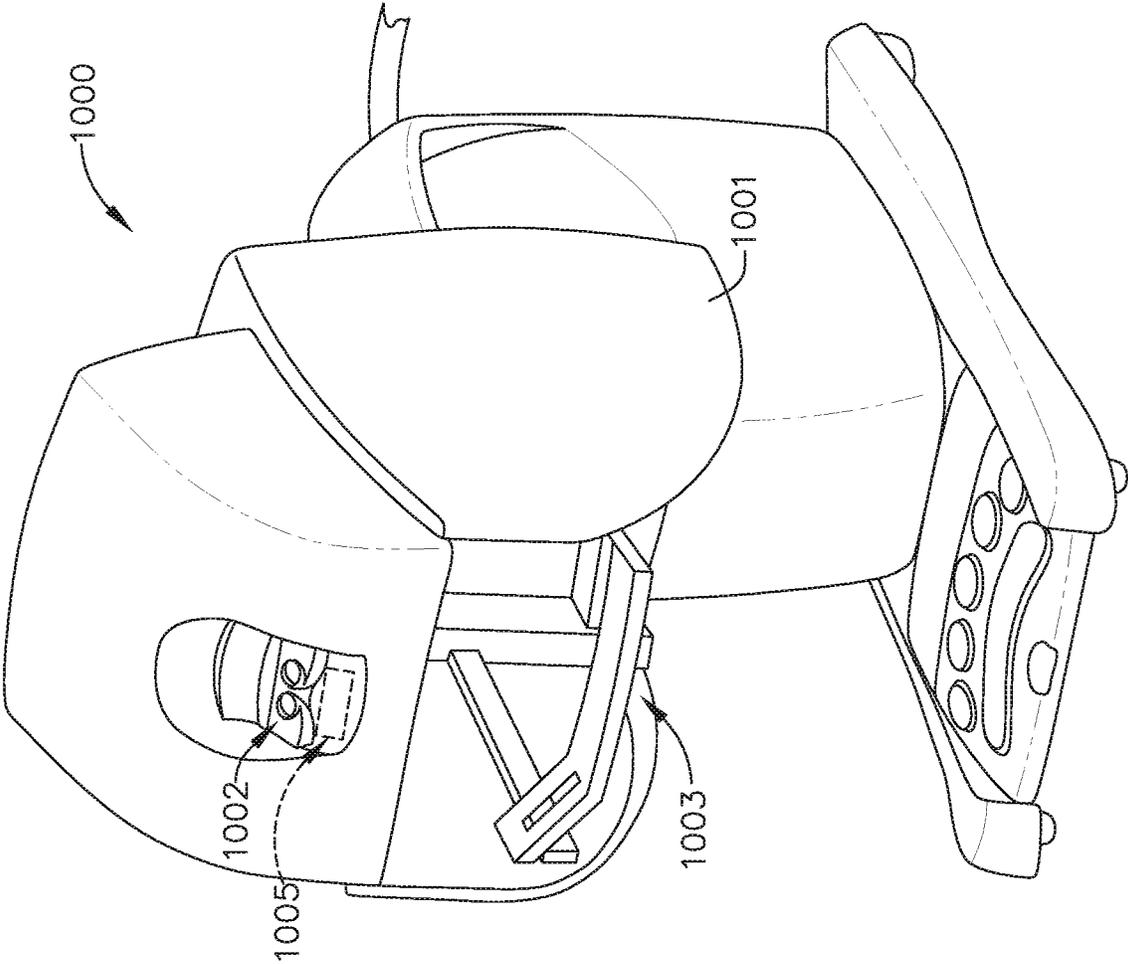


FIG. 1

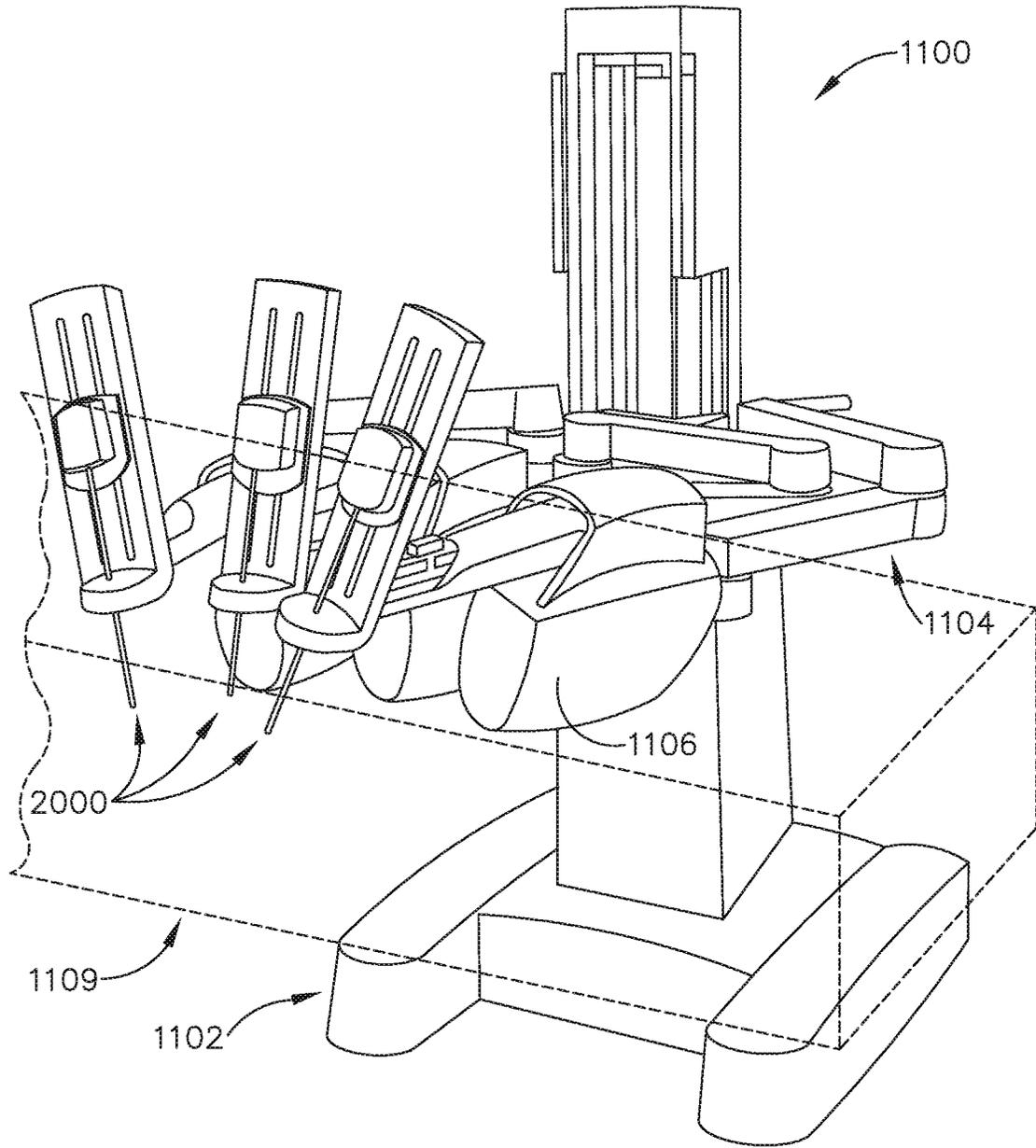


FIG. 2

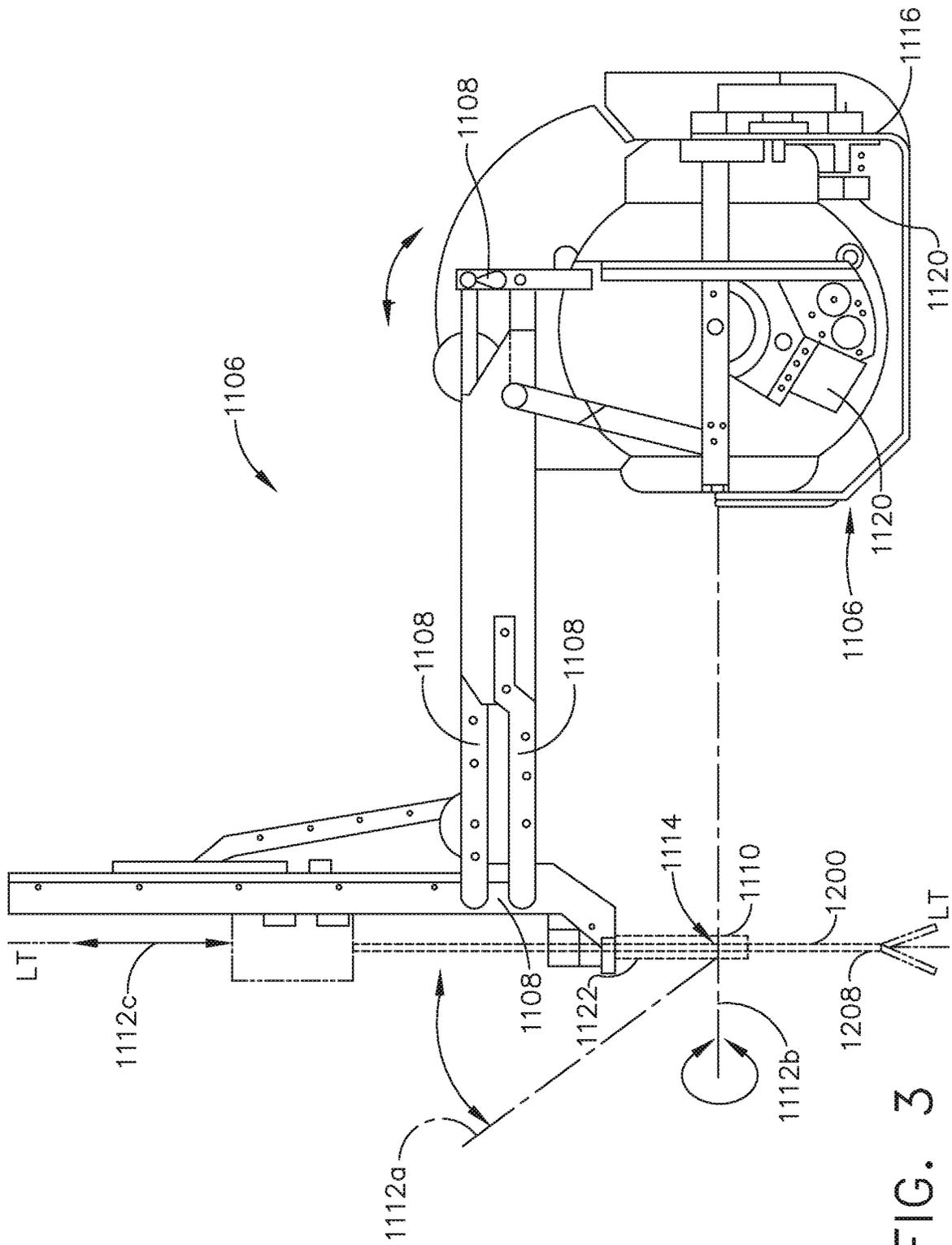


FIG. 3

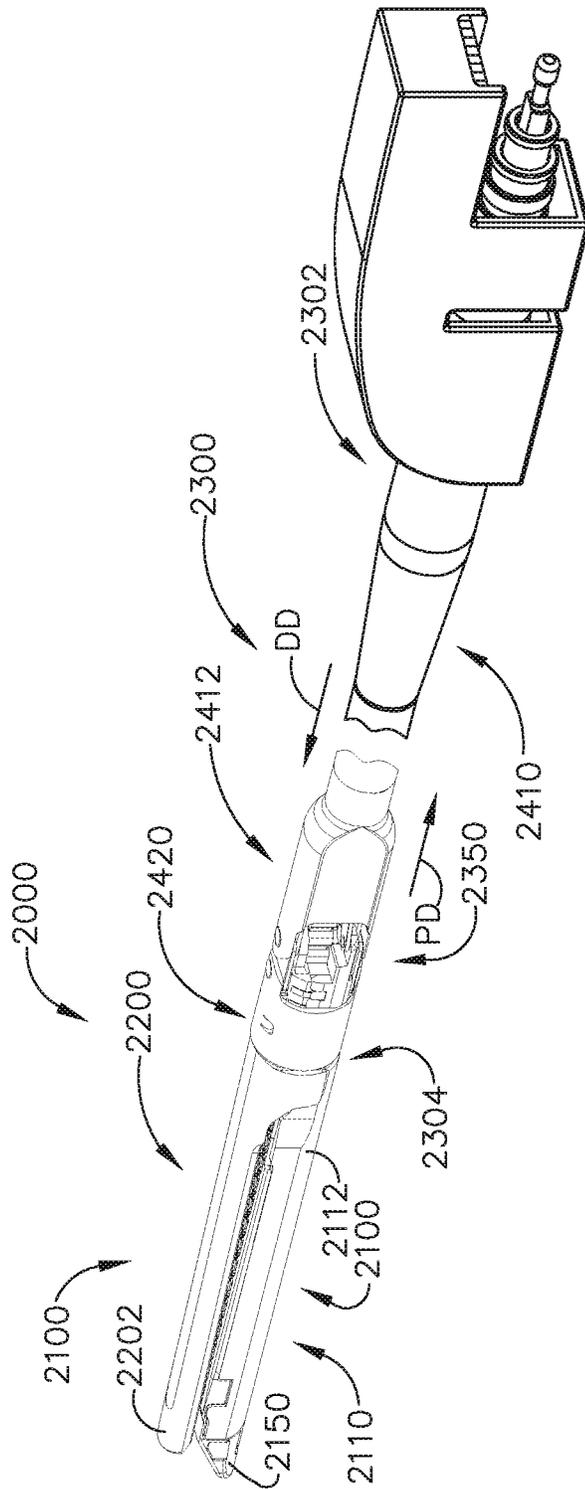


FIG. 4

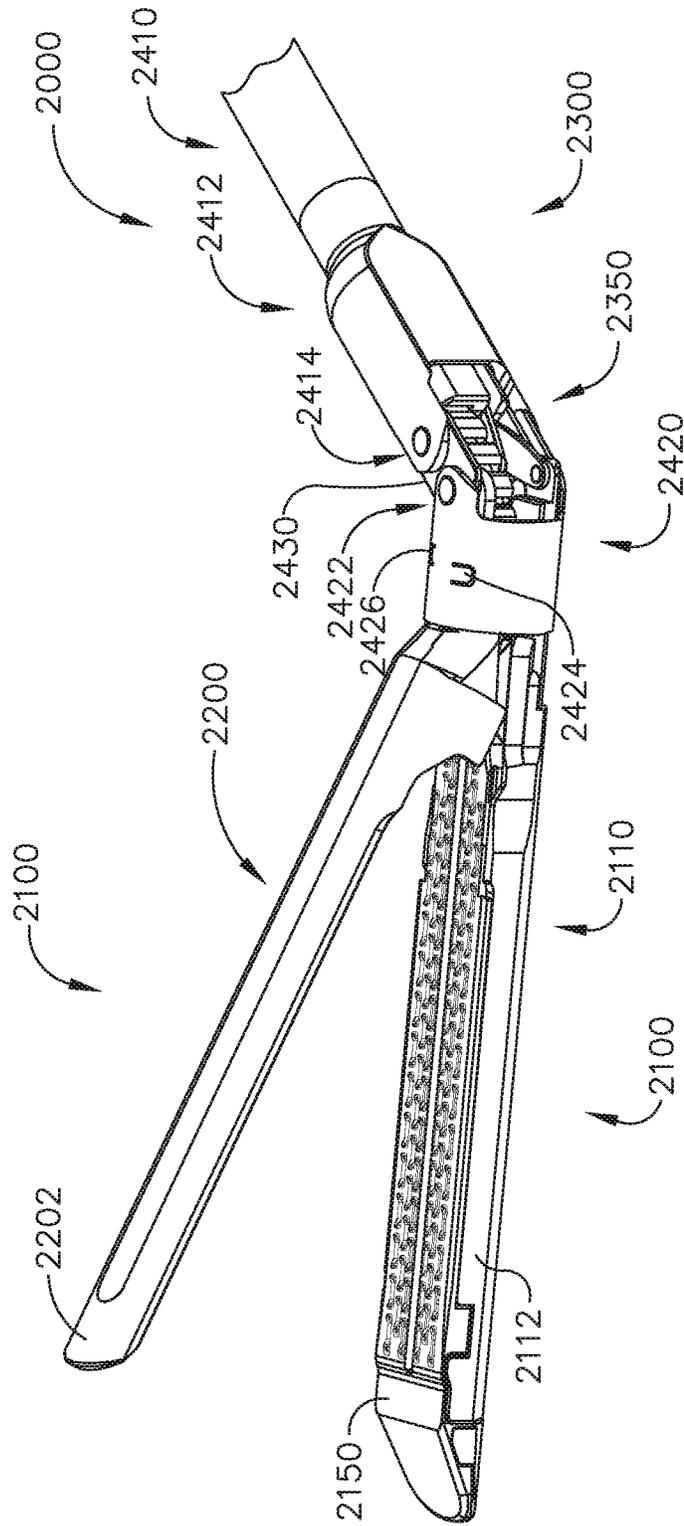


FIG. 5

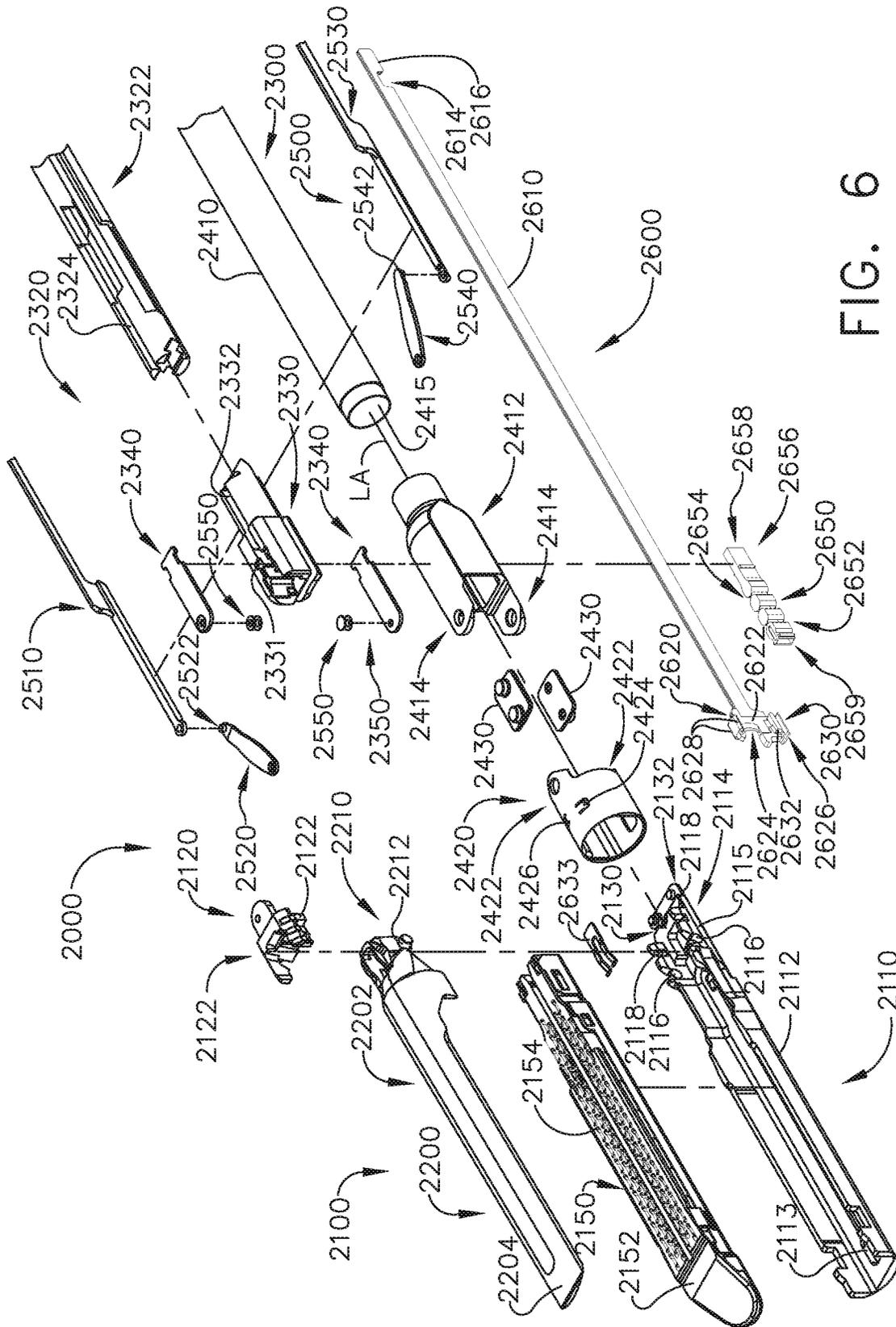


FIG. 6

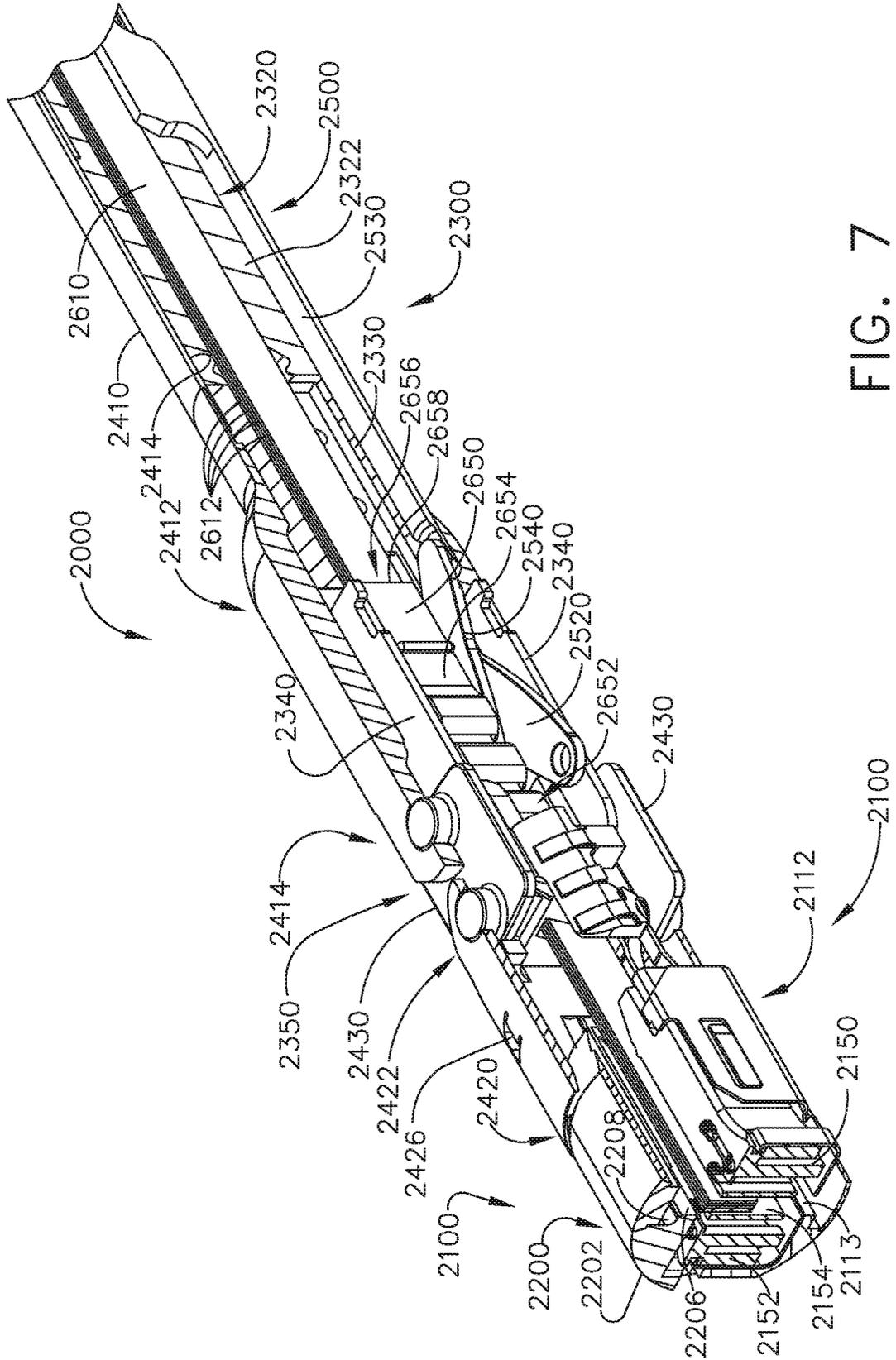


FIG. 7

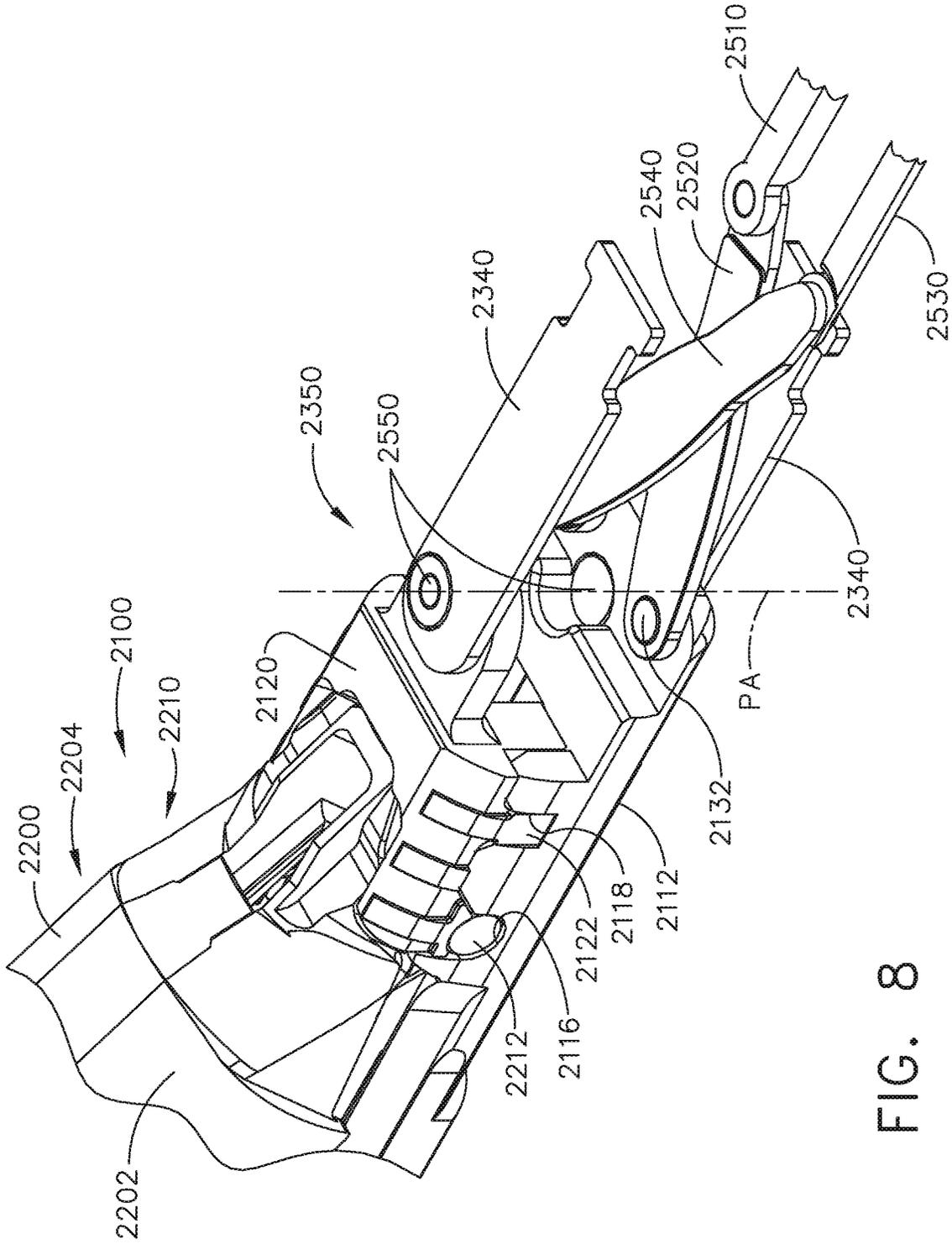


FIG. 8

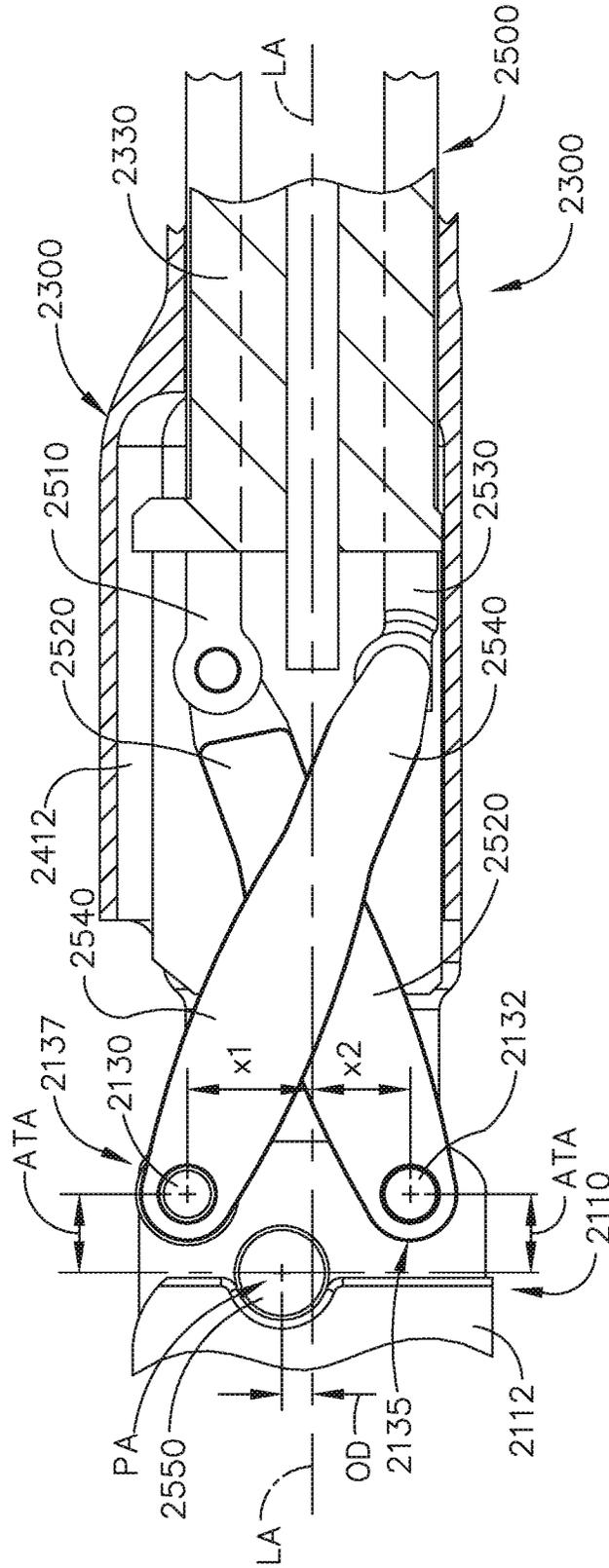


FIG. 9

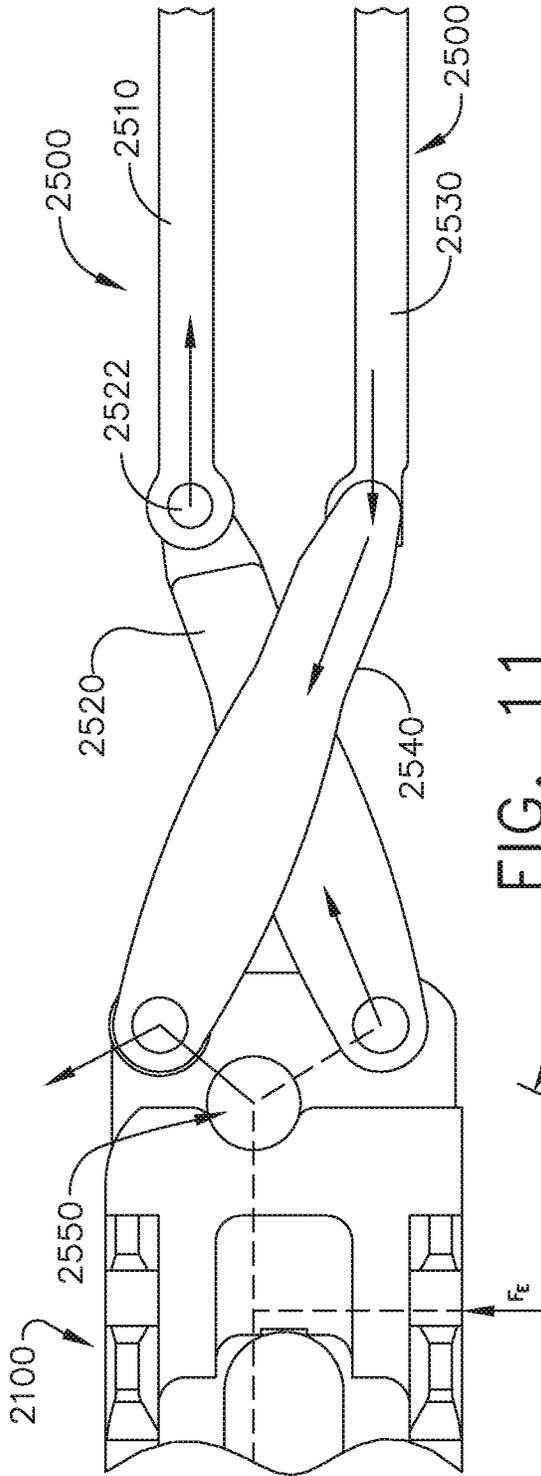


FIG. 10

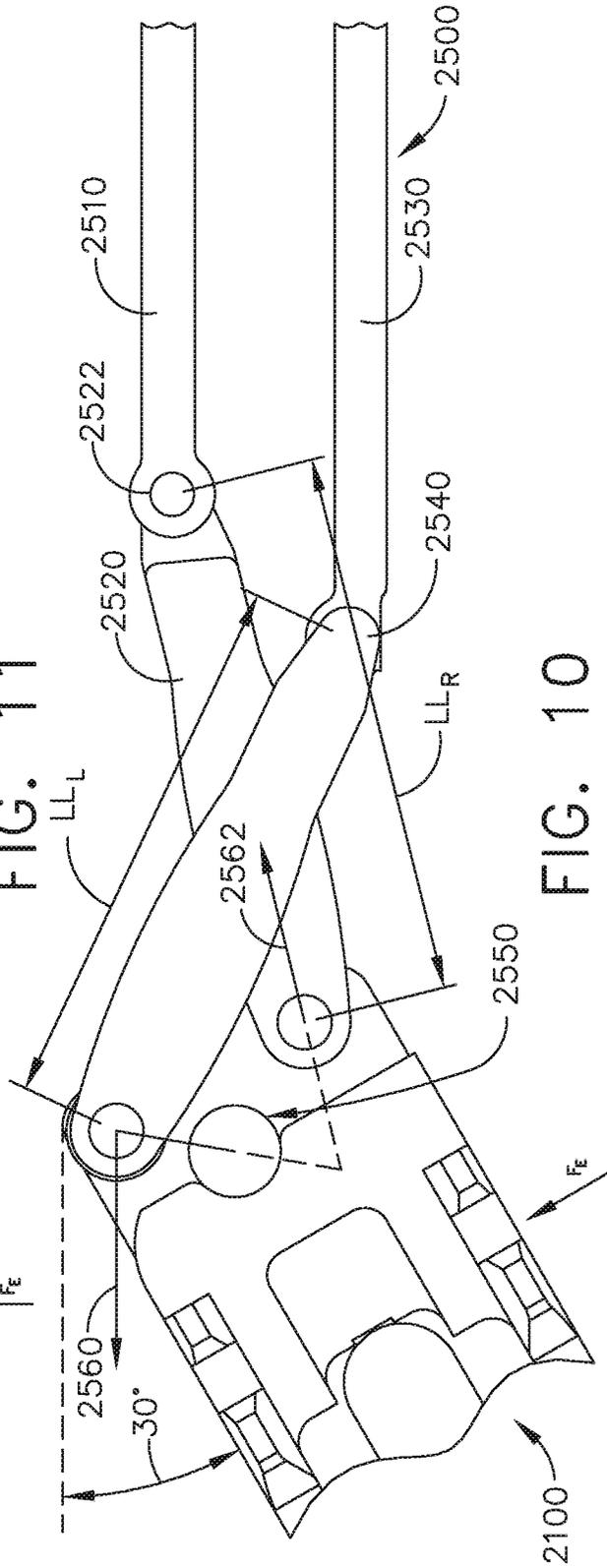


FIG. 11



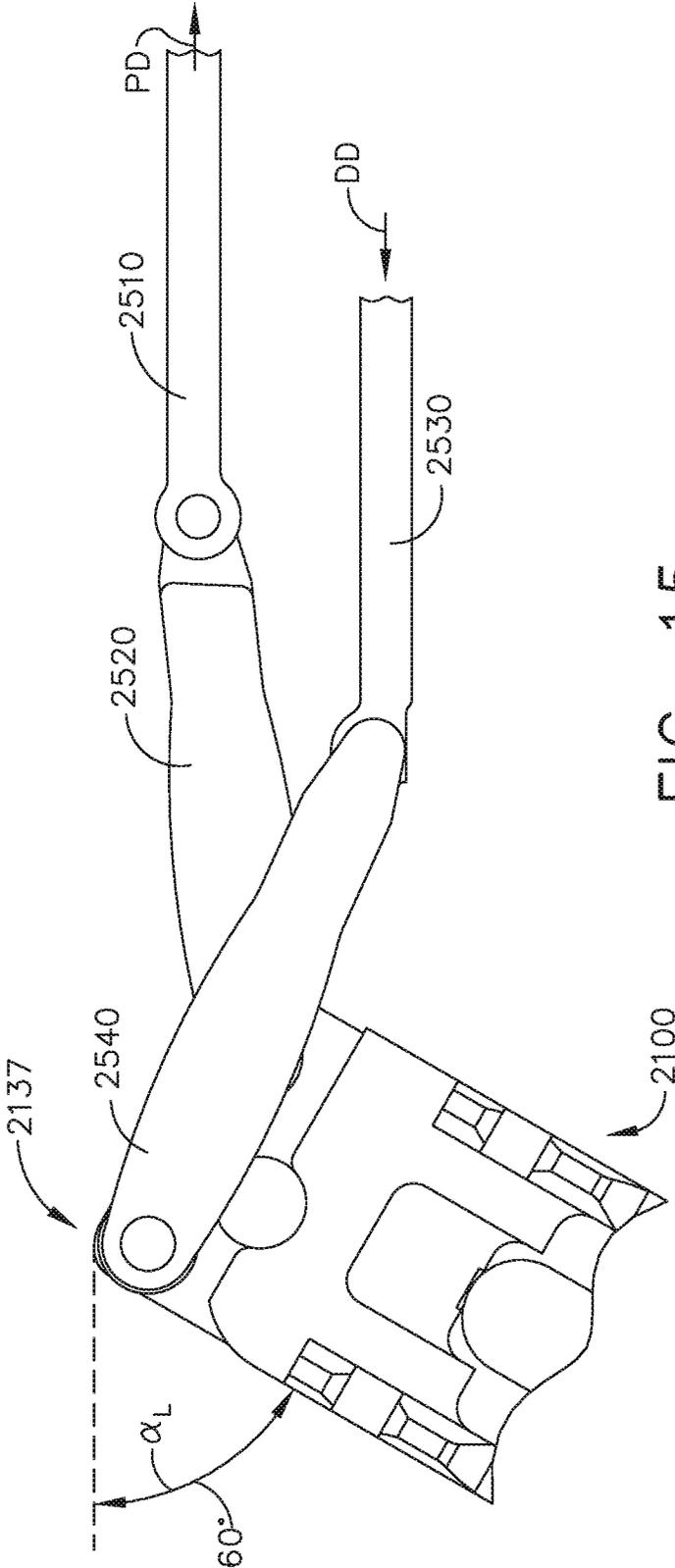


FIG. 15

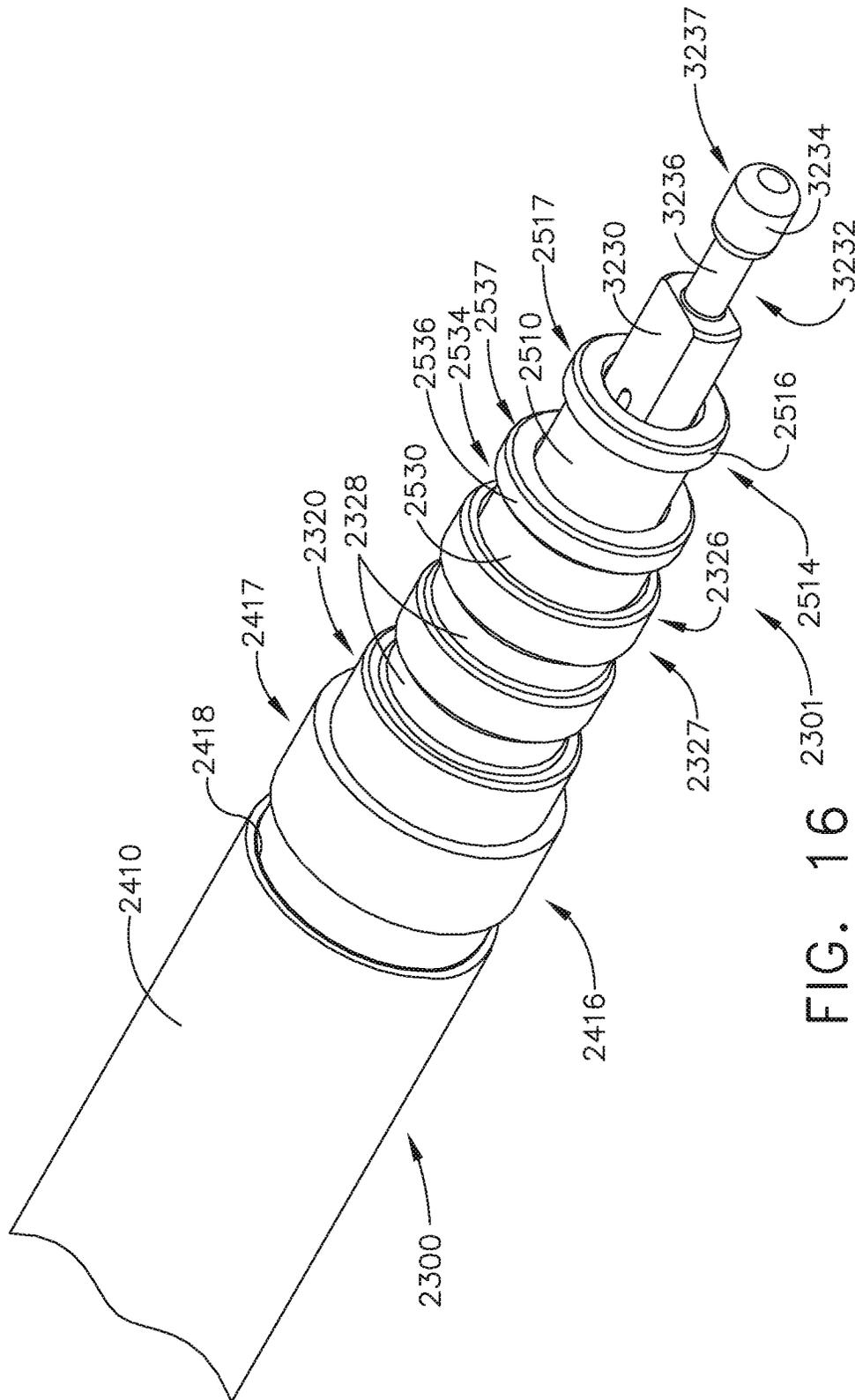


FIG. 16

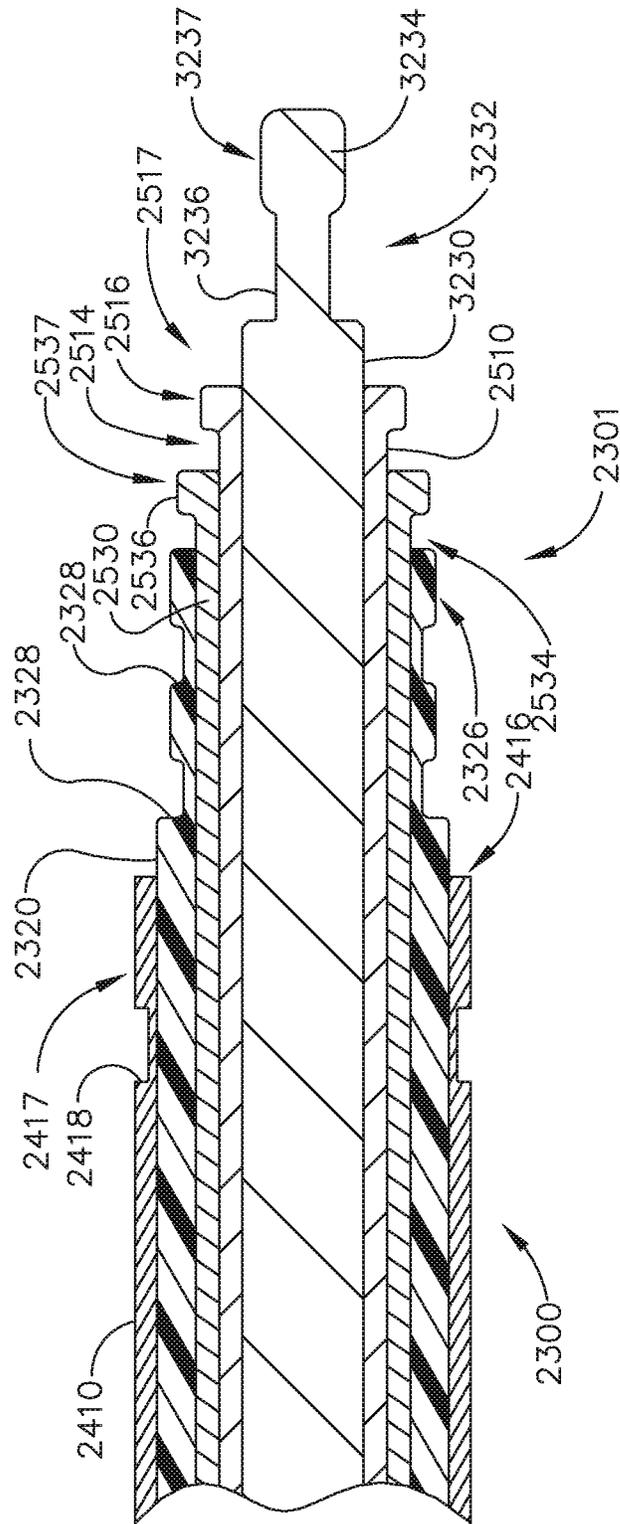


FIG. 17



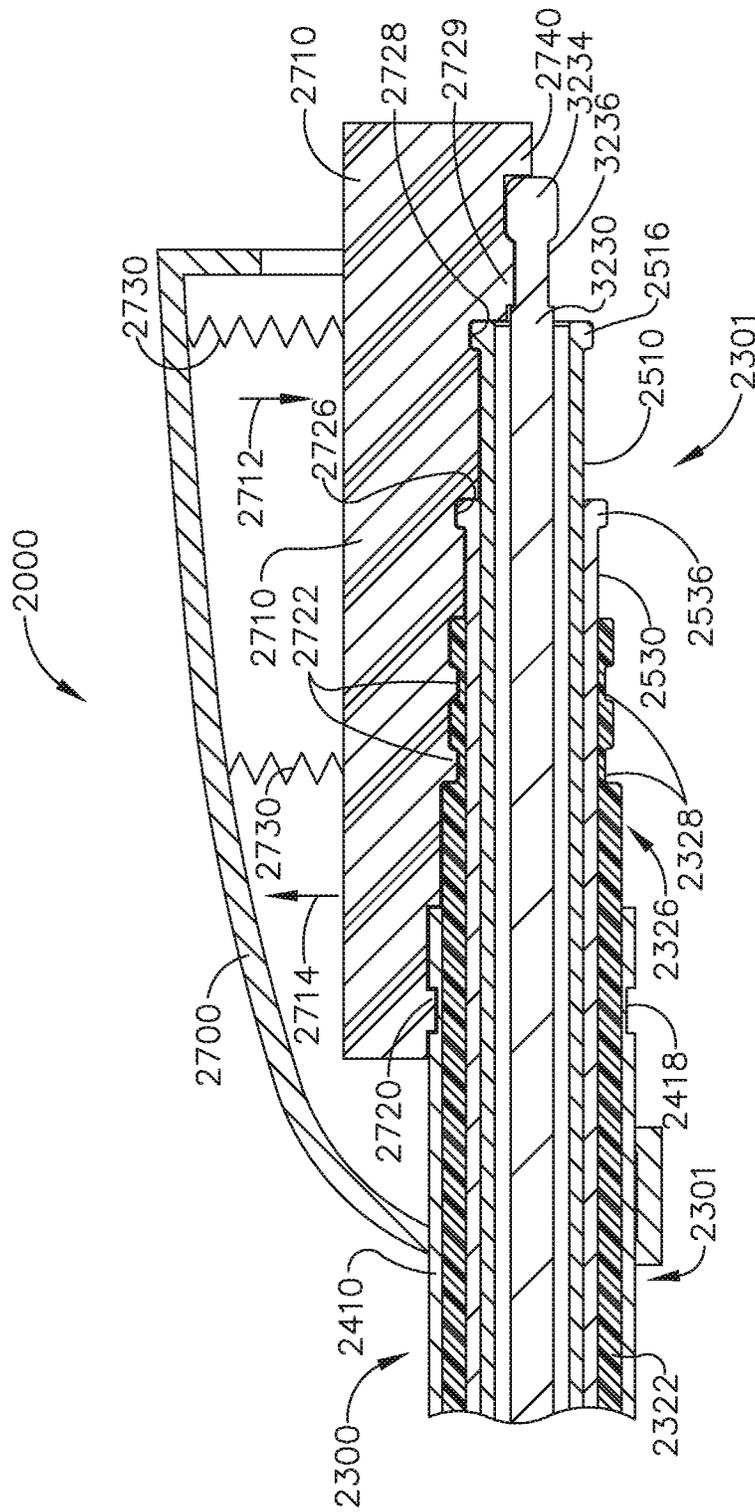


FIG. 19

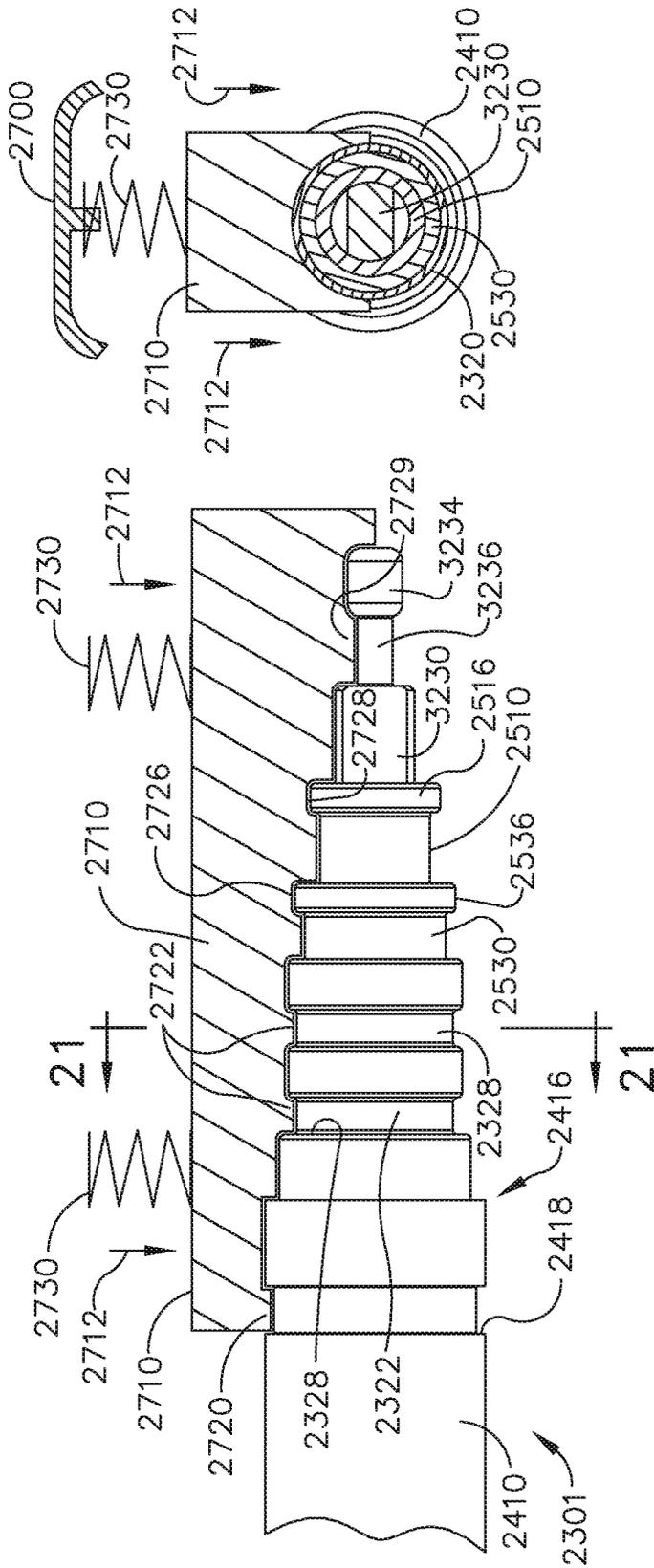


FIG. 21

FIG. 20

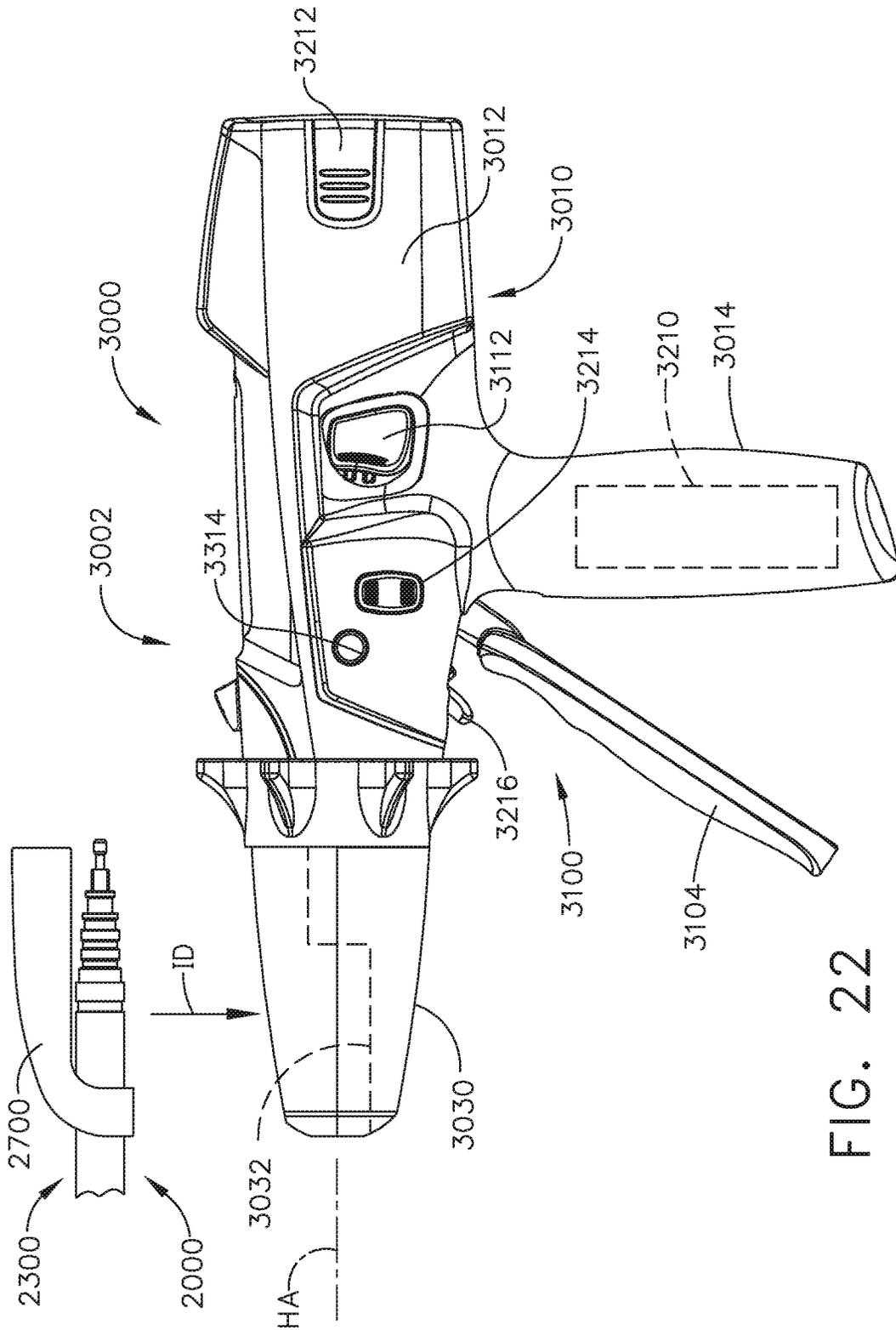


FIG. 22

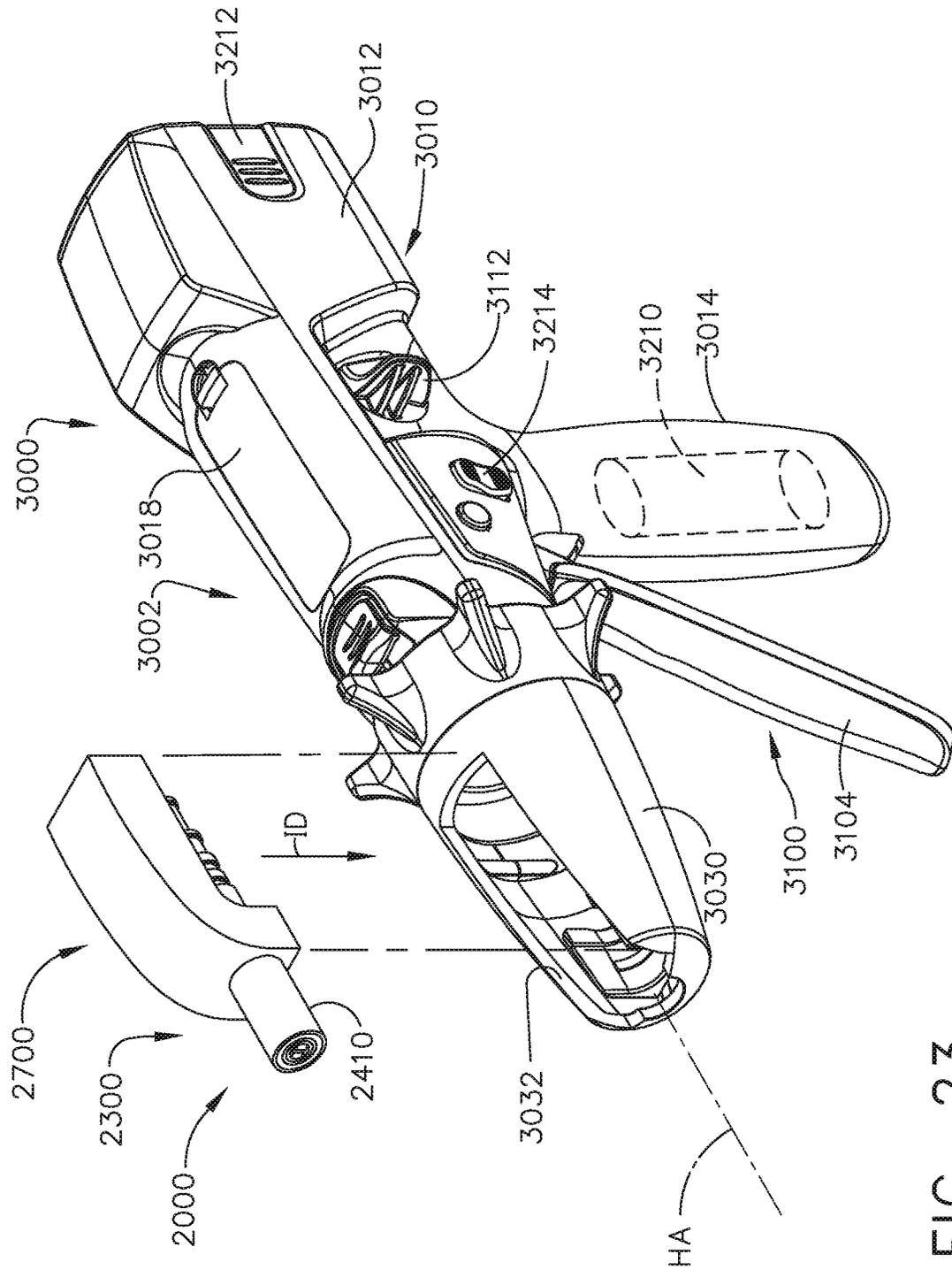


FIG. 23



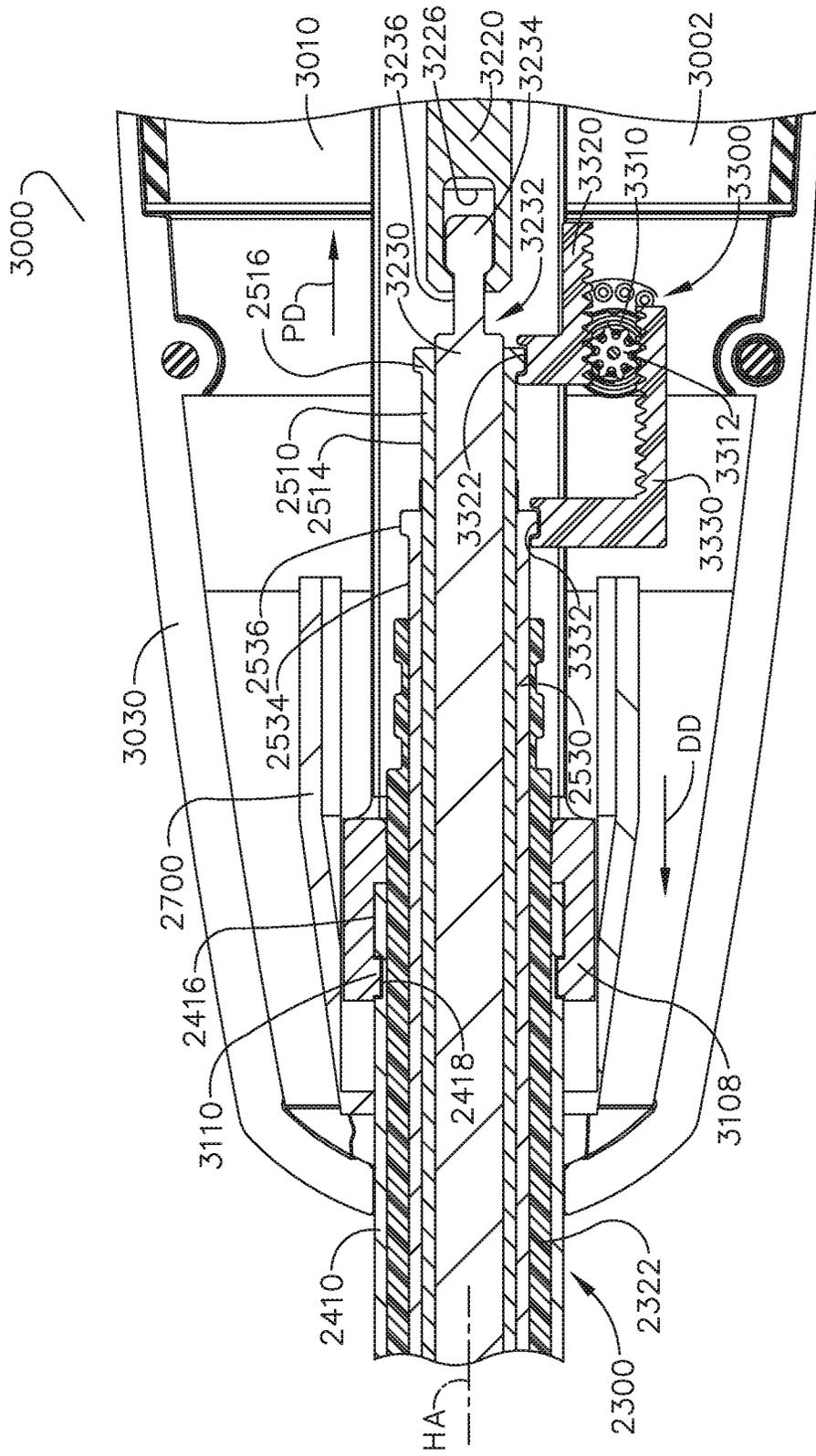


FIG. 25

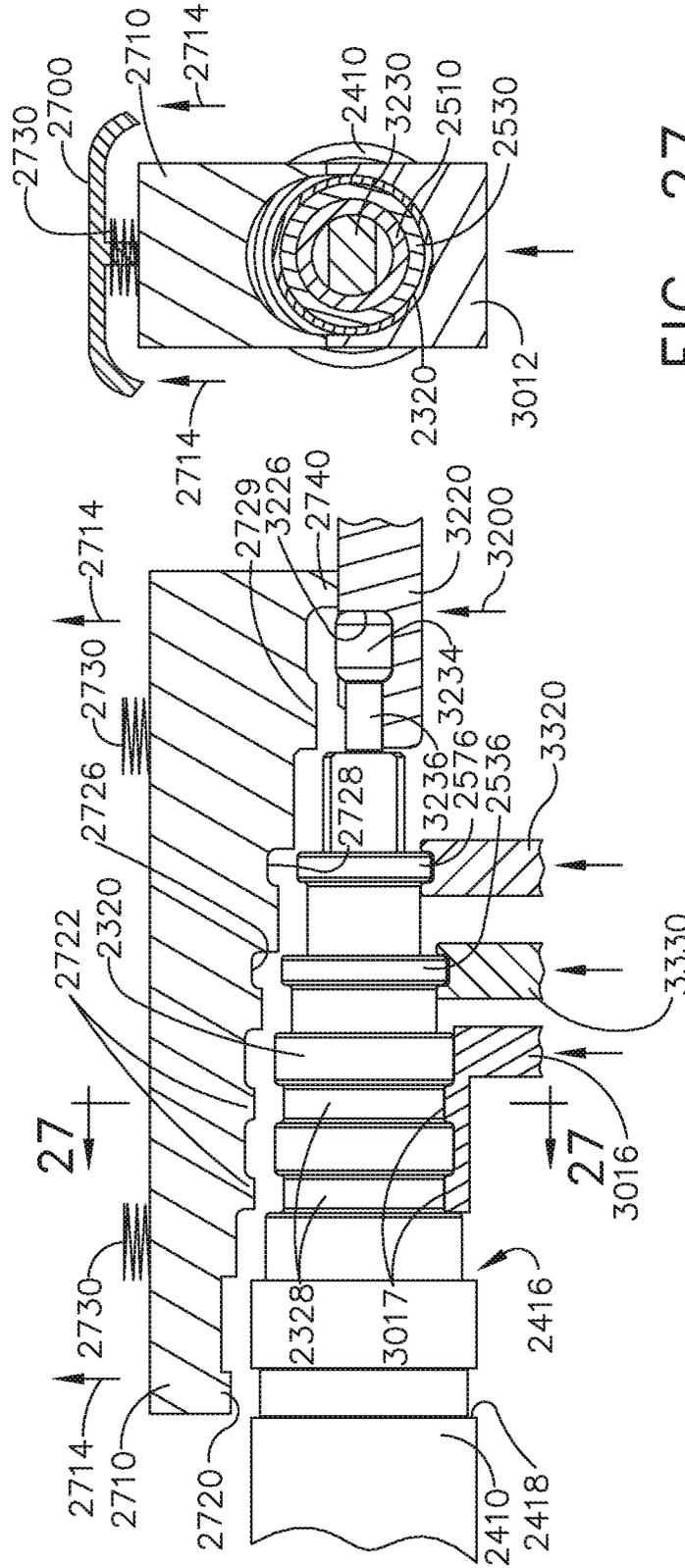


FIG. 27

FIG. 26

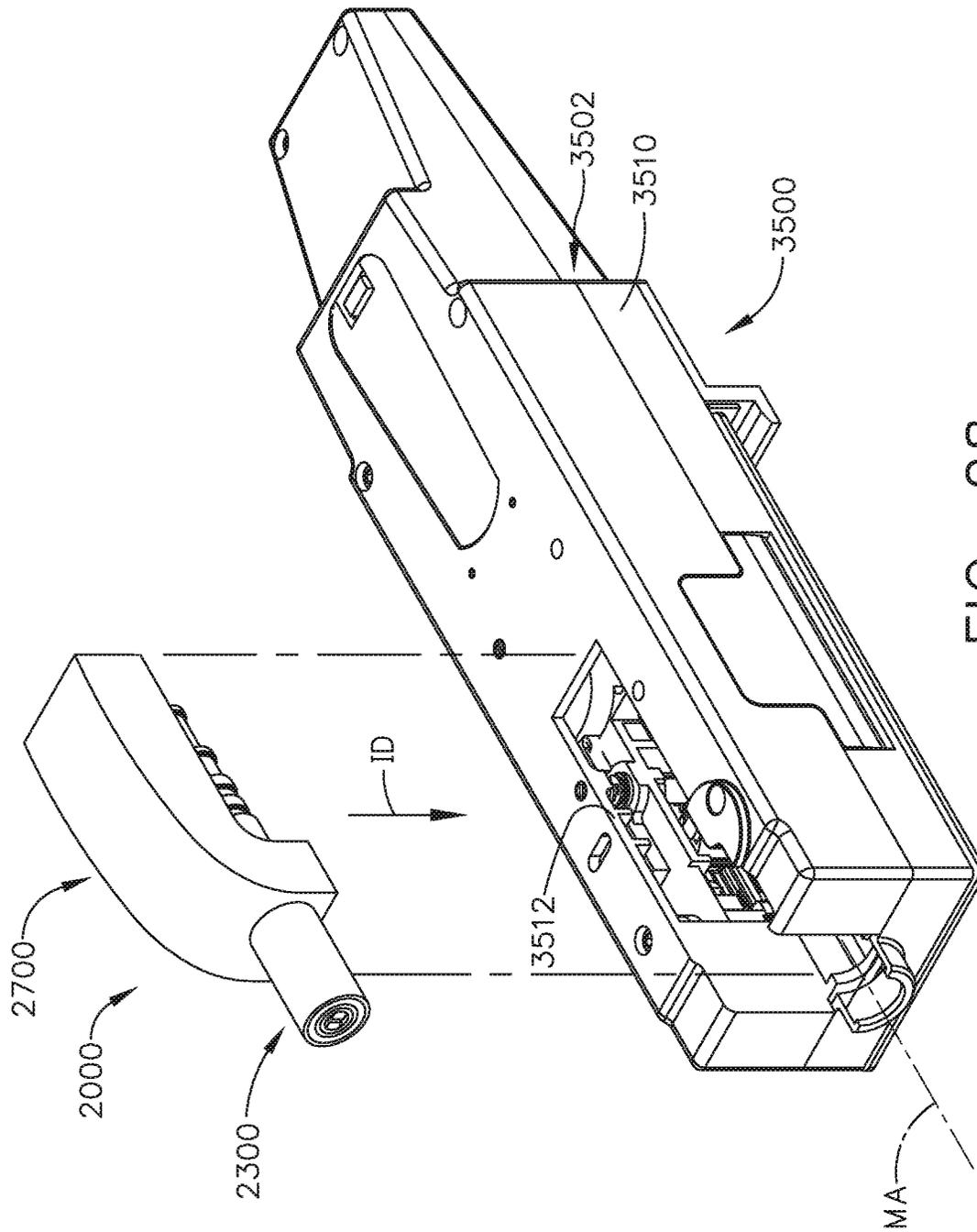


FIG. 28



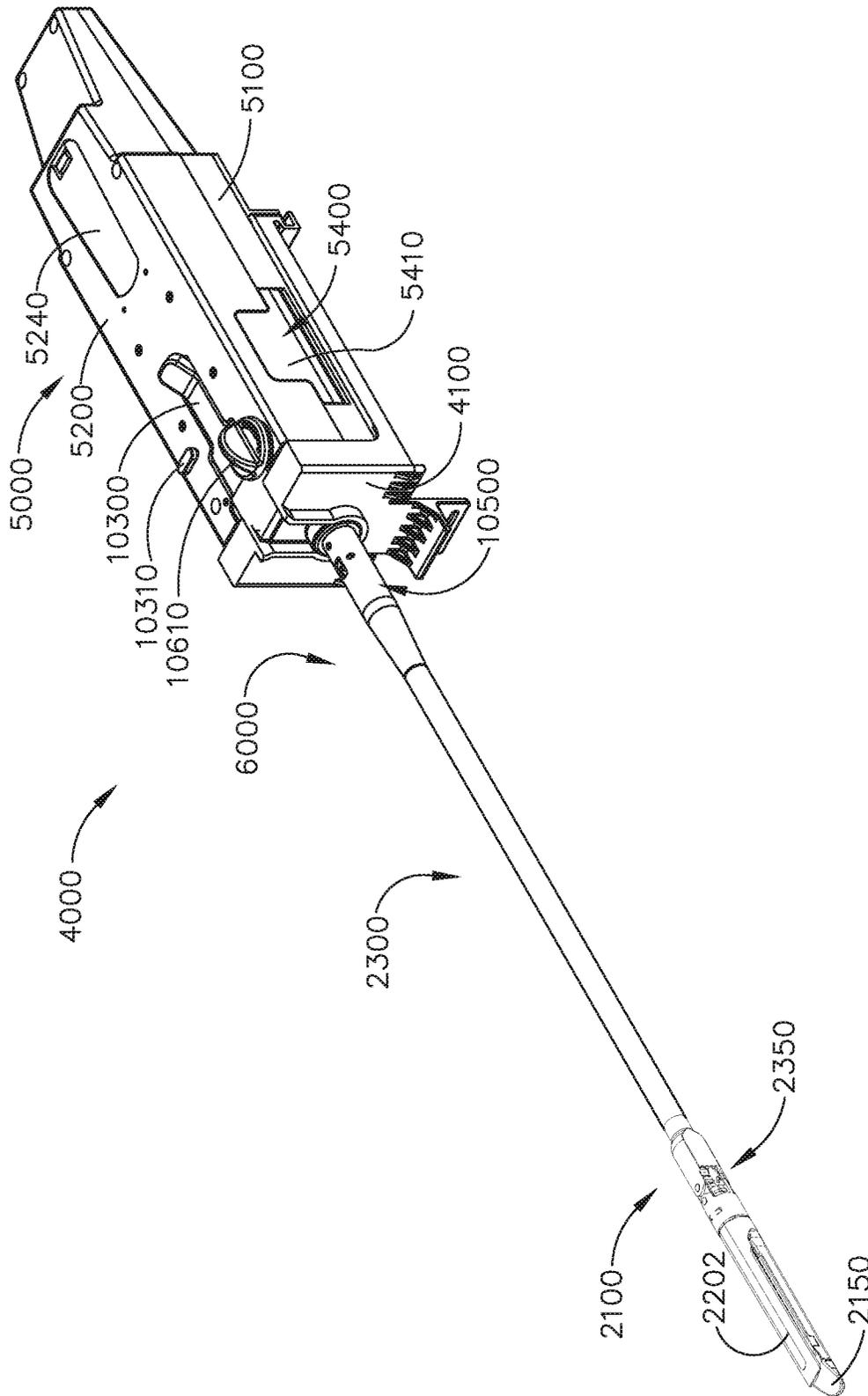


FIG. 30

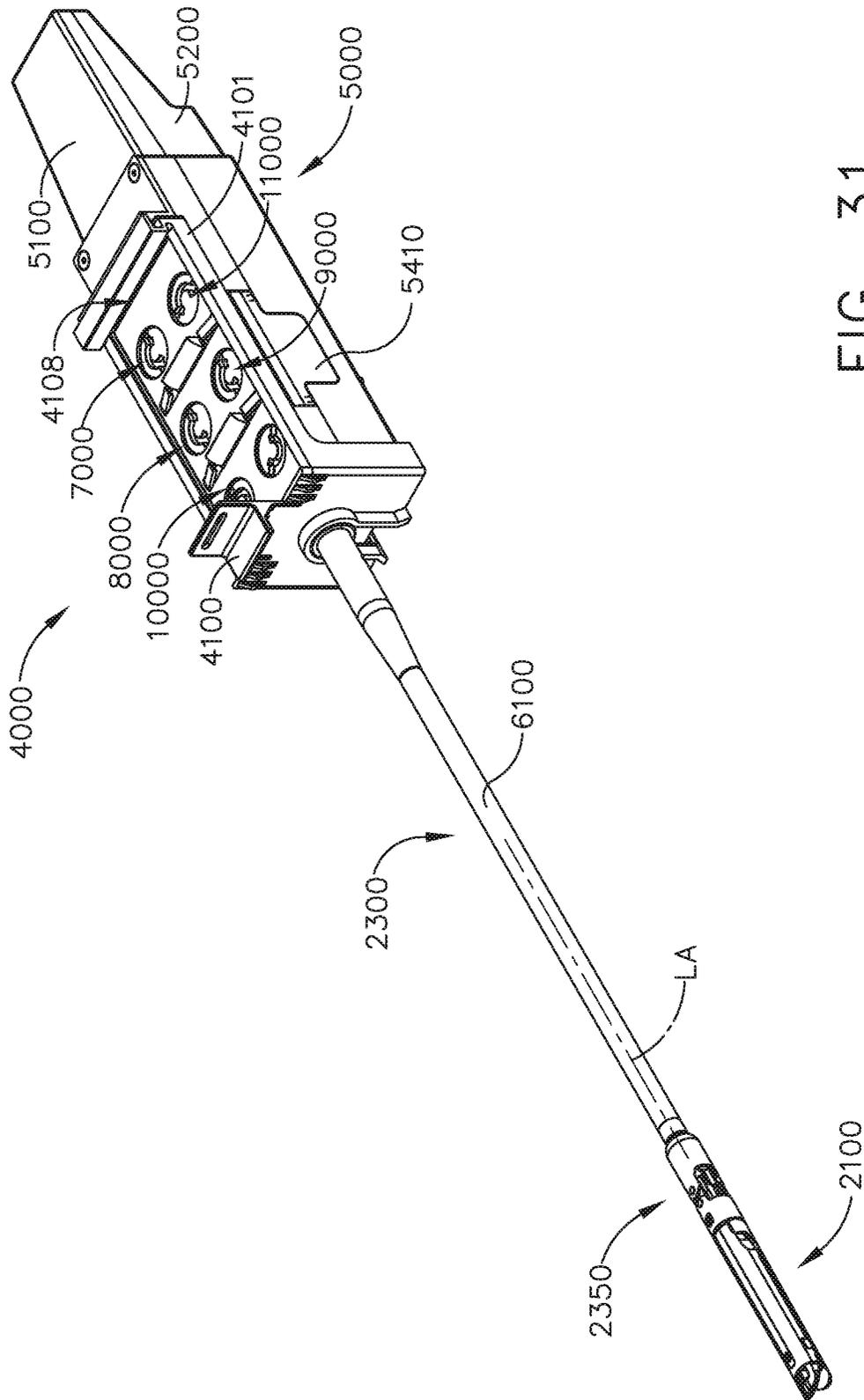


FIG. 31

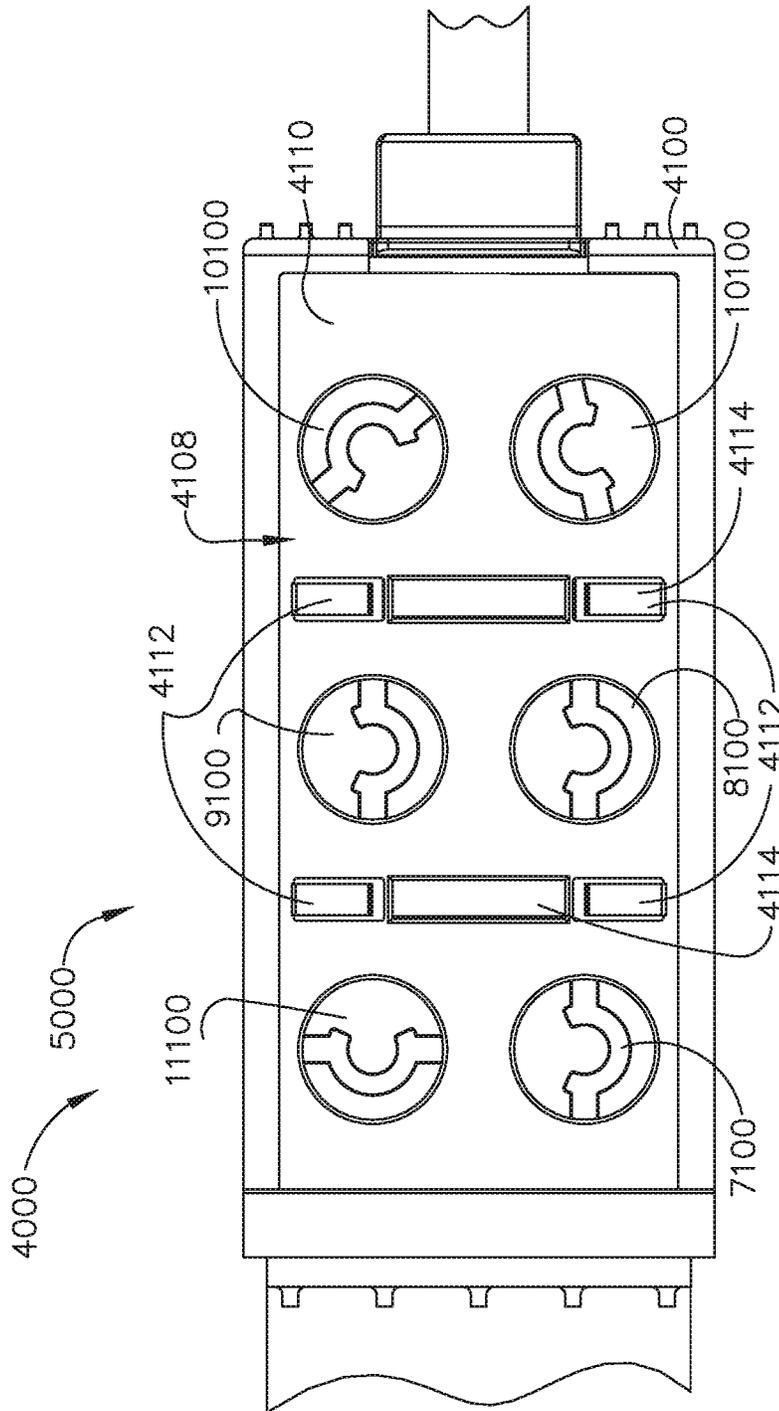


FIG. 32

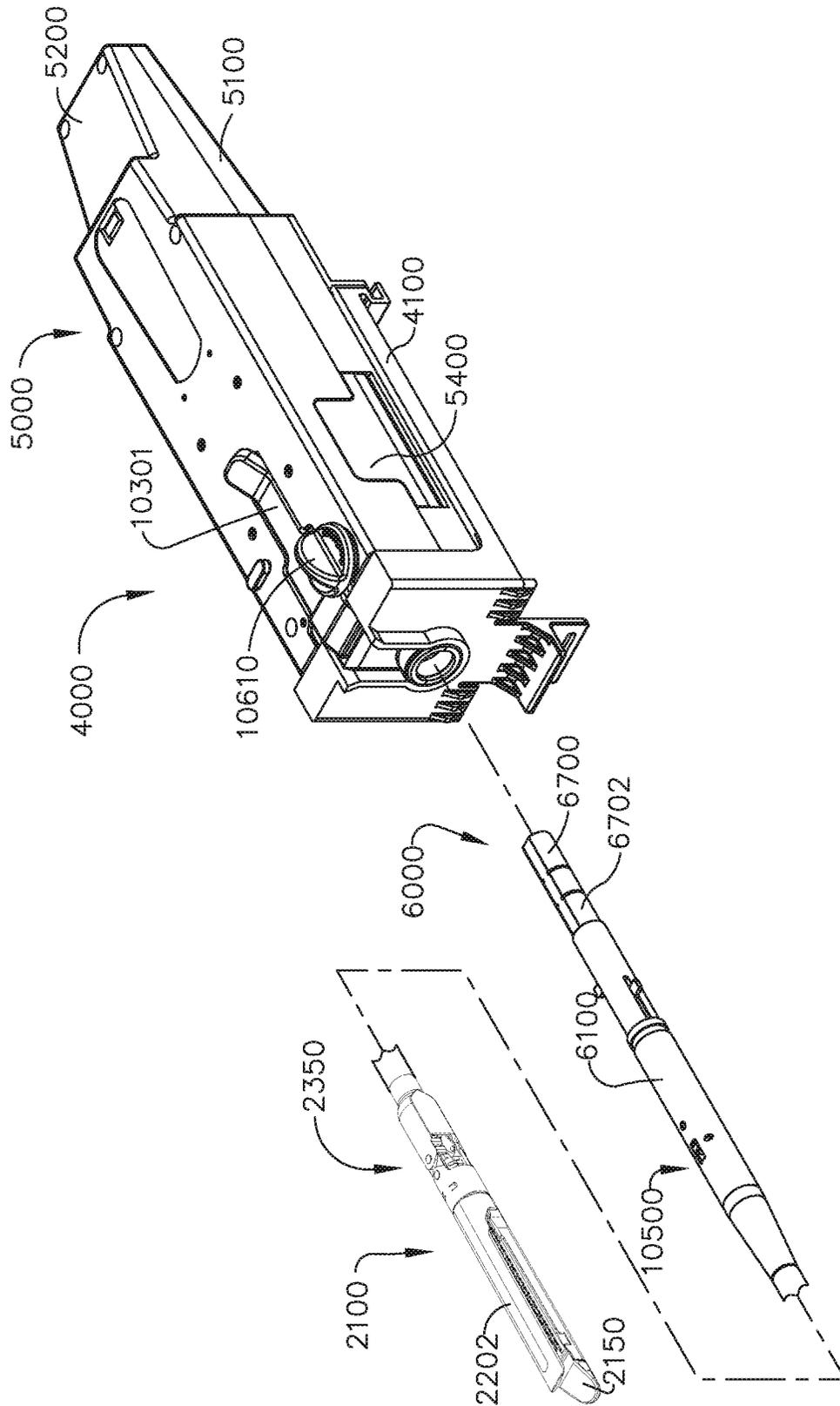


FIG. 33

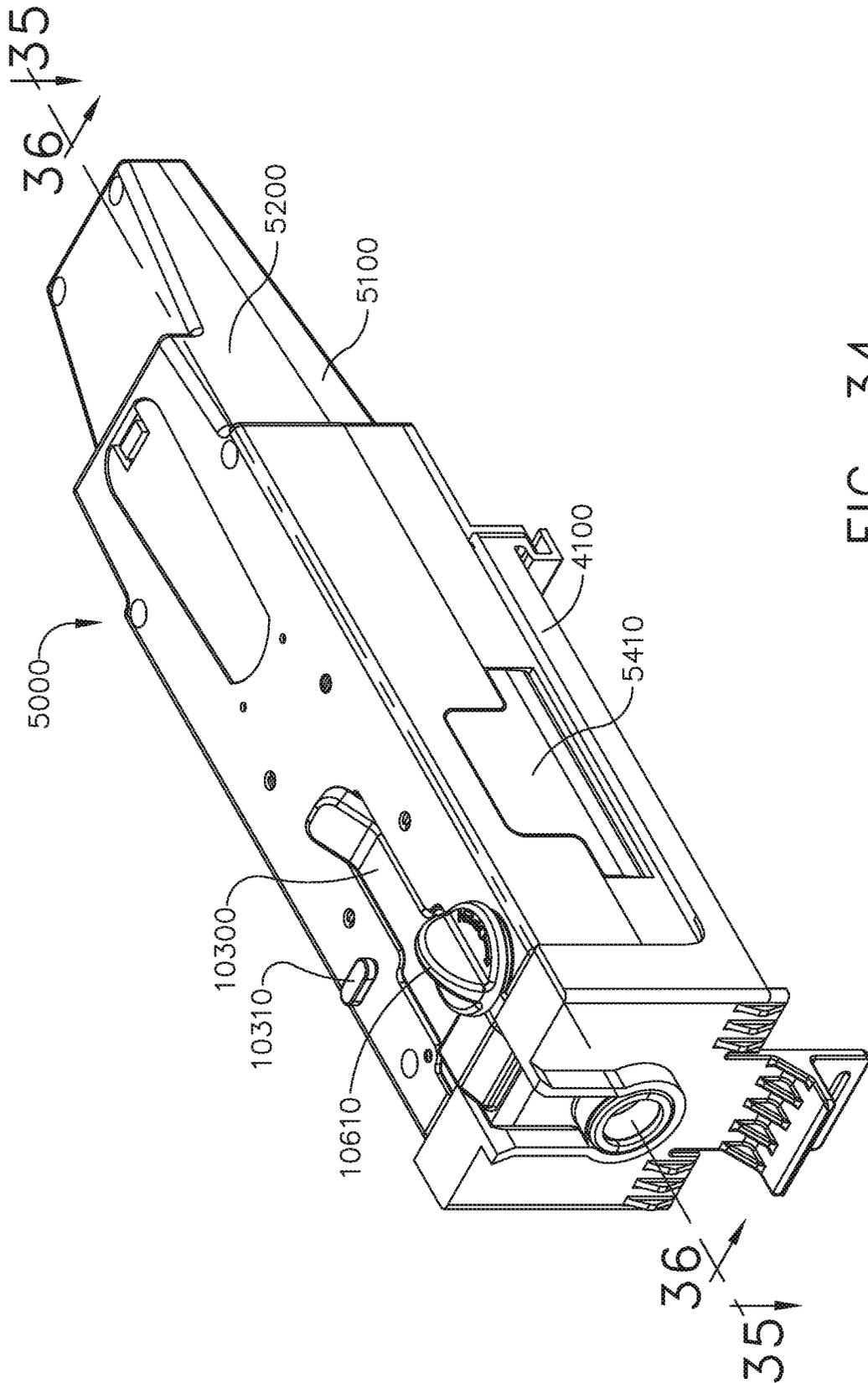


FIG. 34

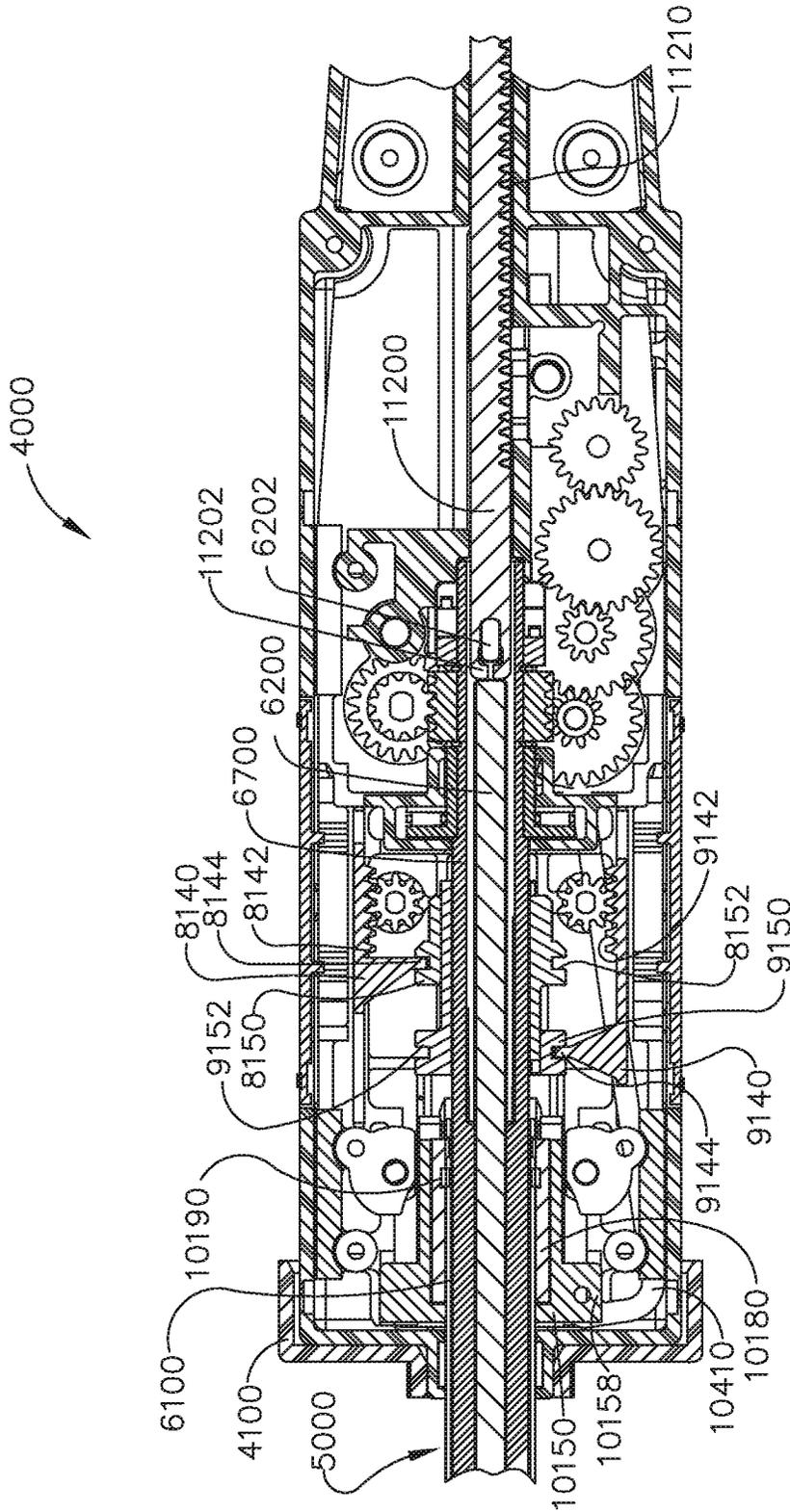


FIG. 35

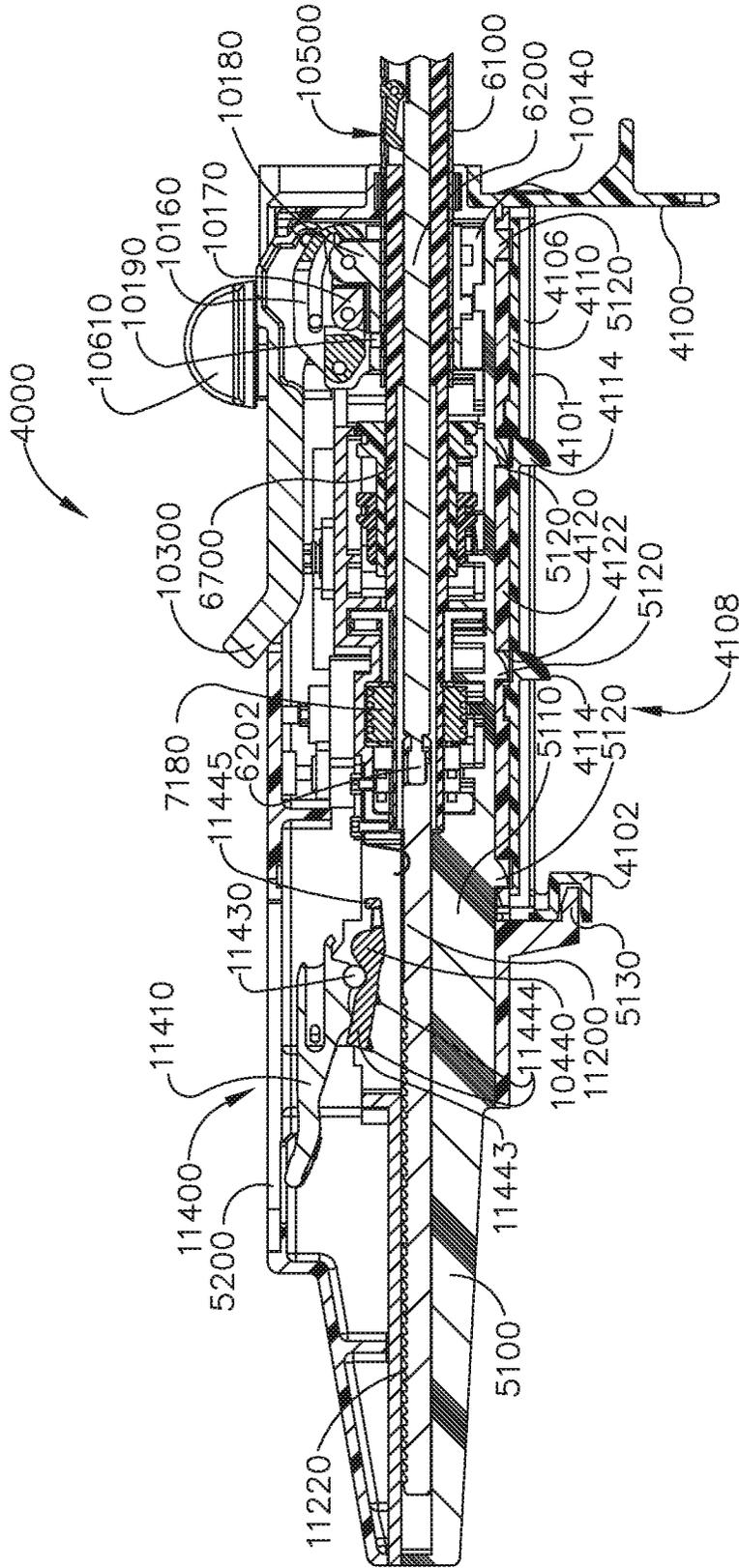


FIG. 36

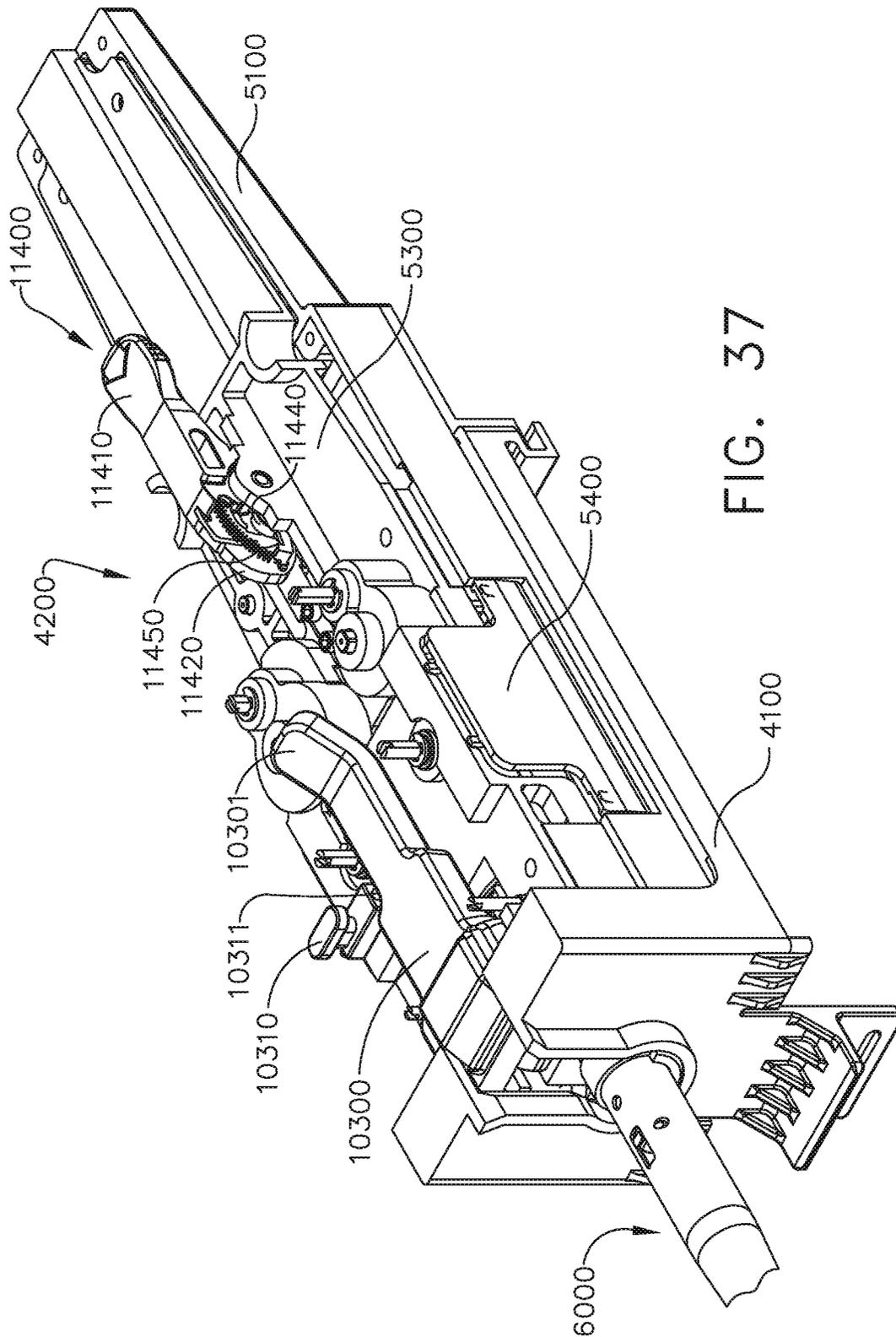


FIG. 37

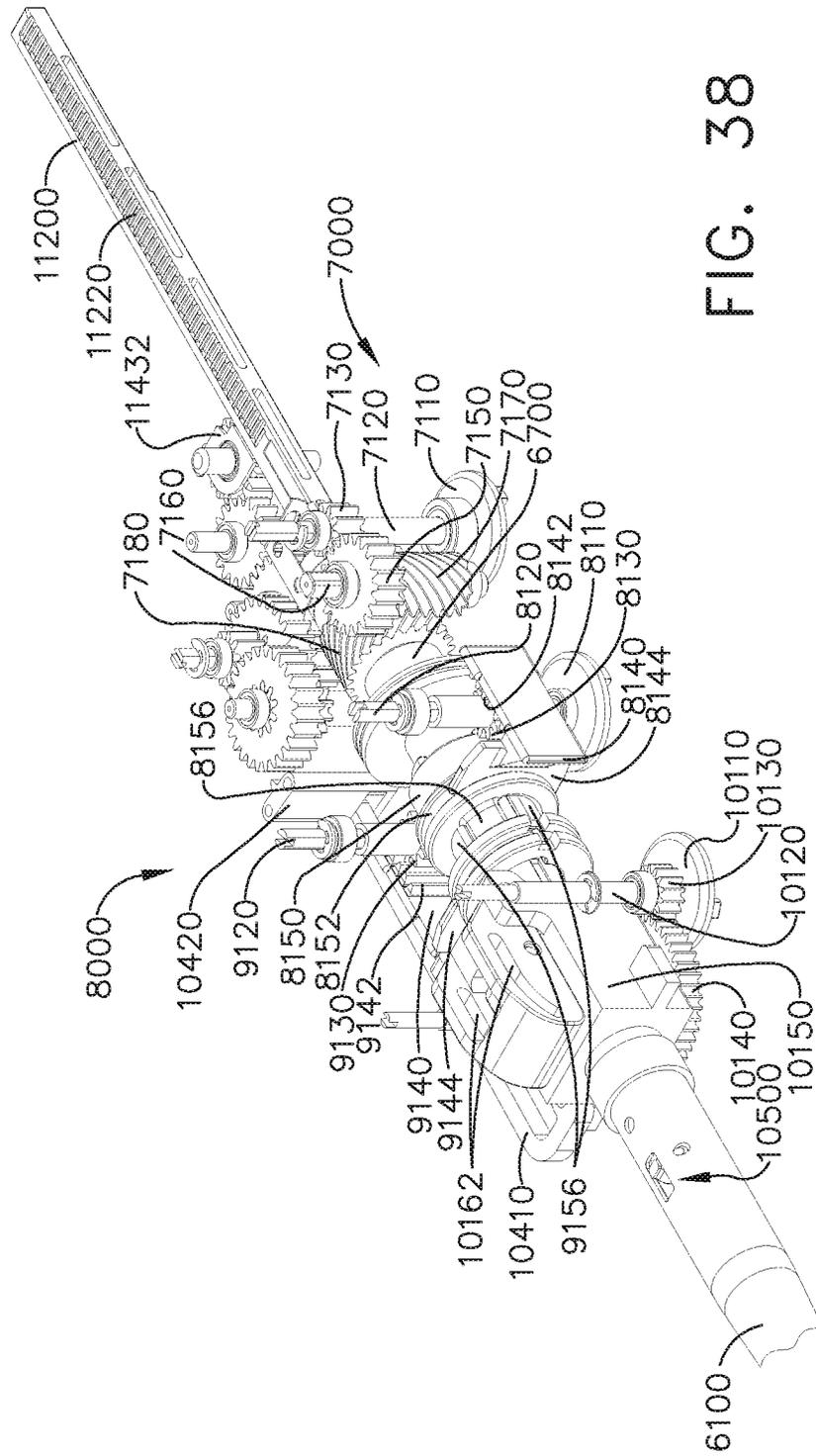


FIG. 38

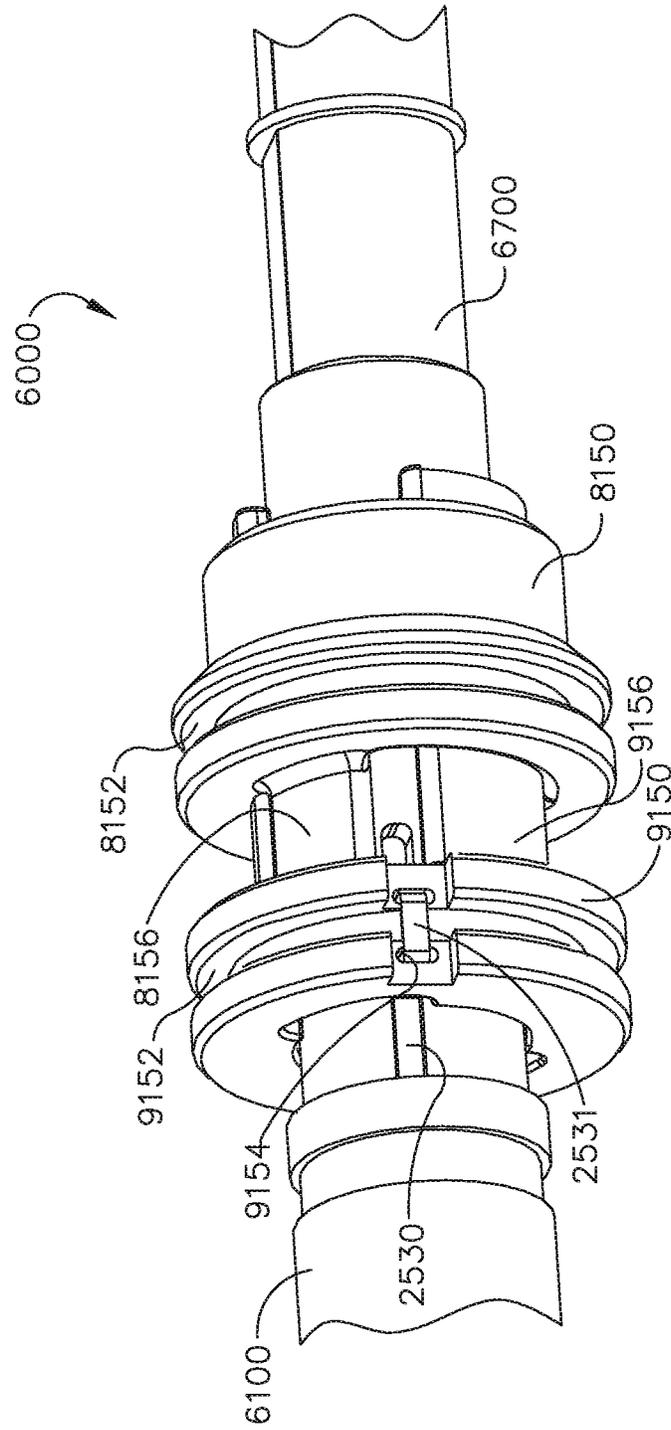


FIG. 39

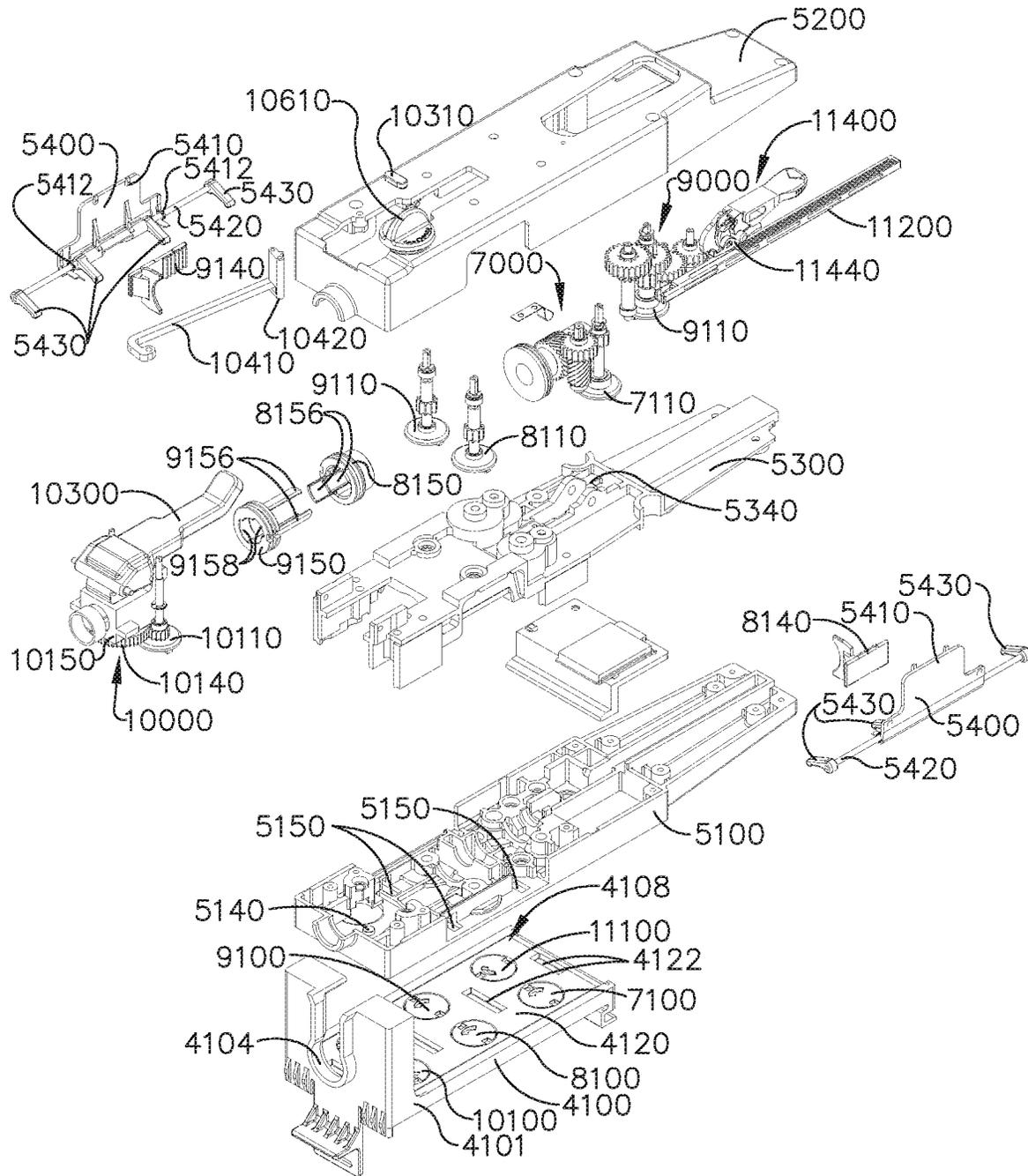


FIG. 40

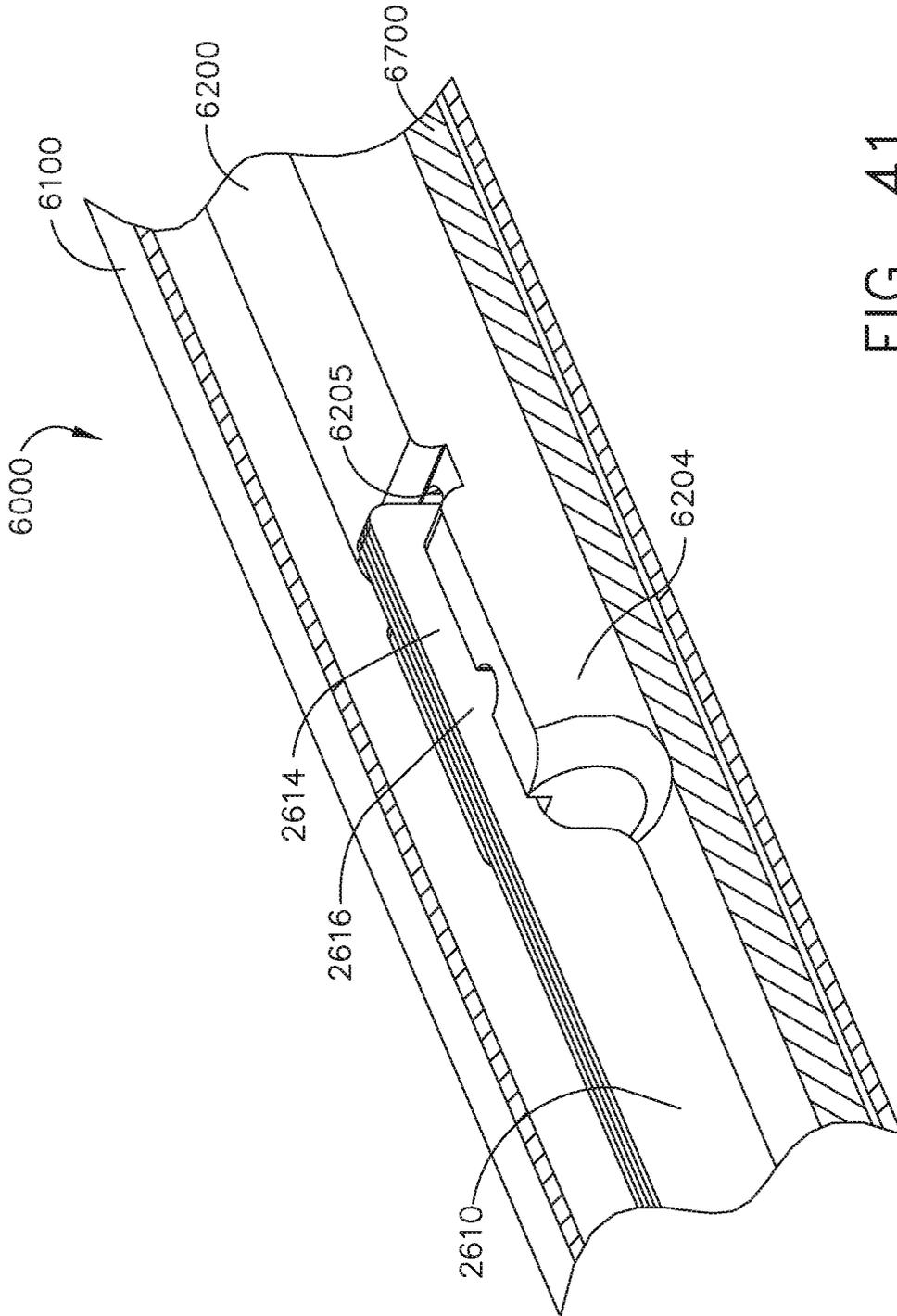


FIG. 41

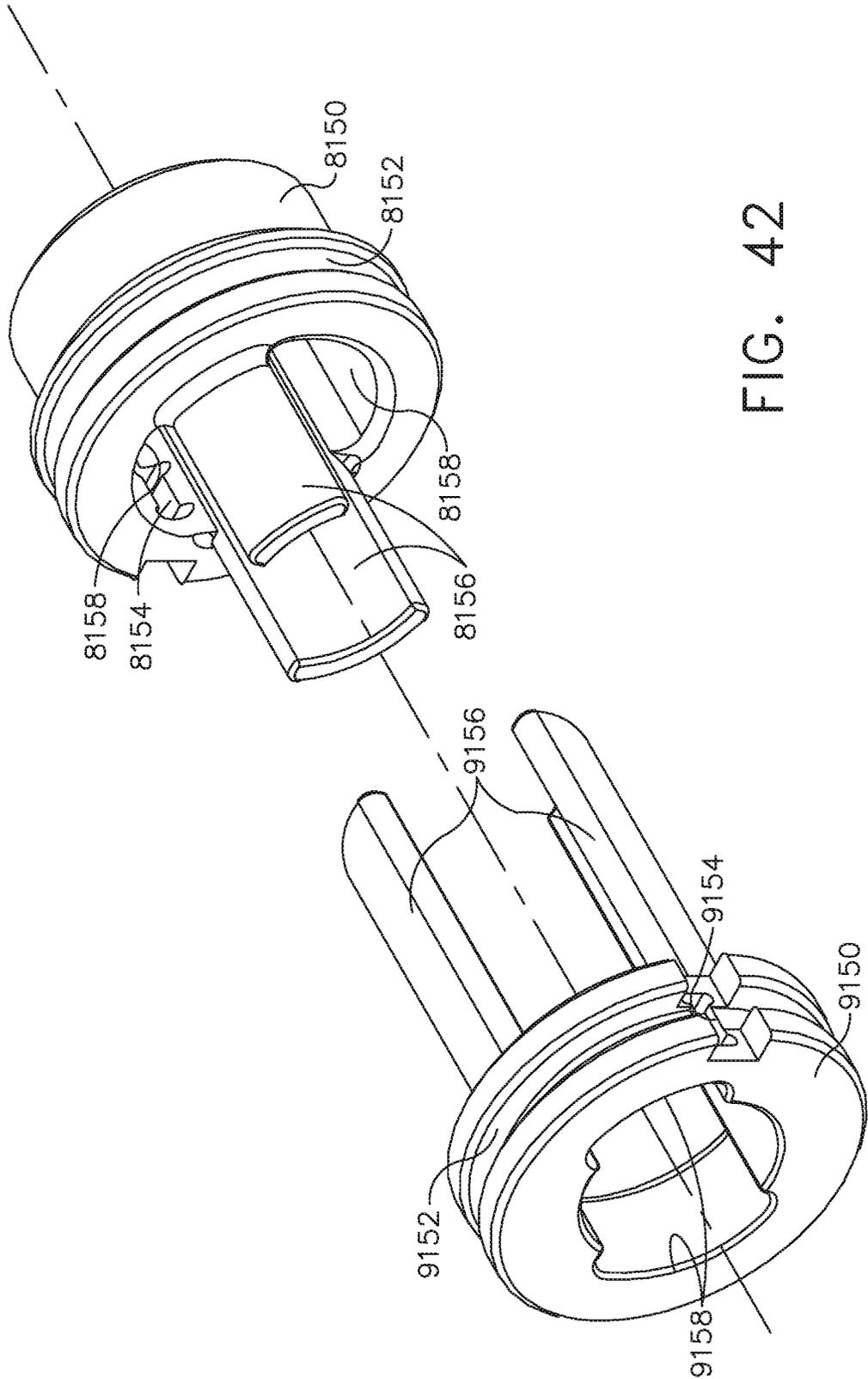


FIG. 42

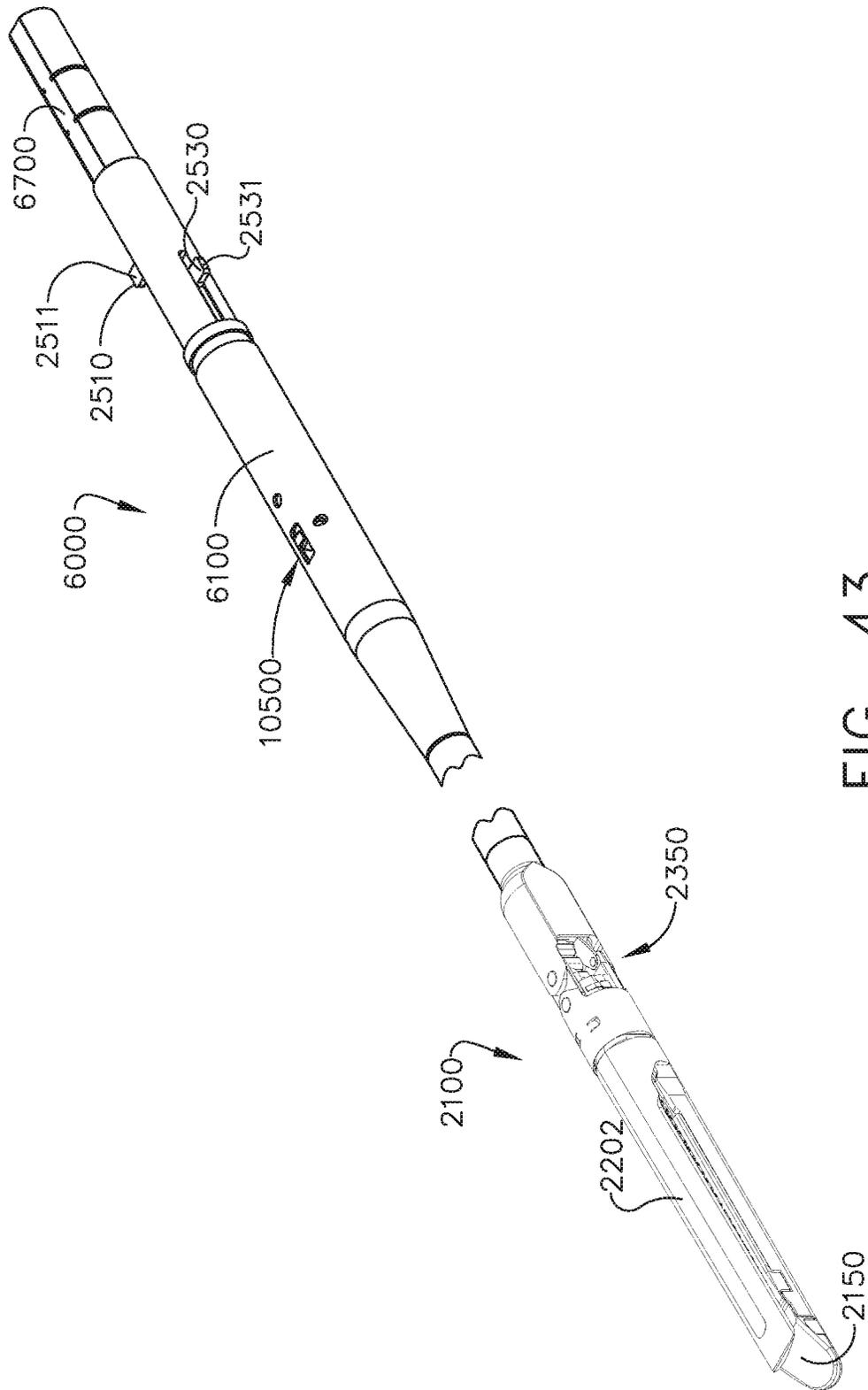


FIG. 43

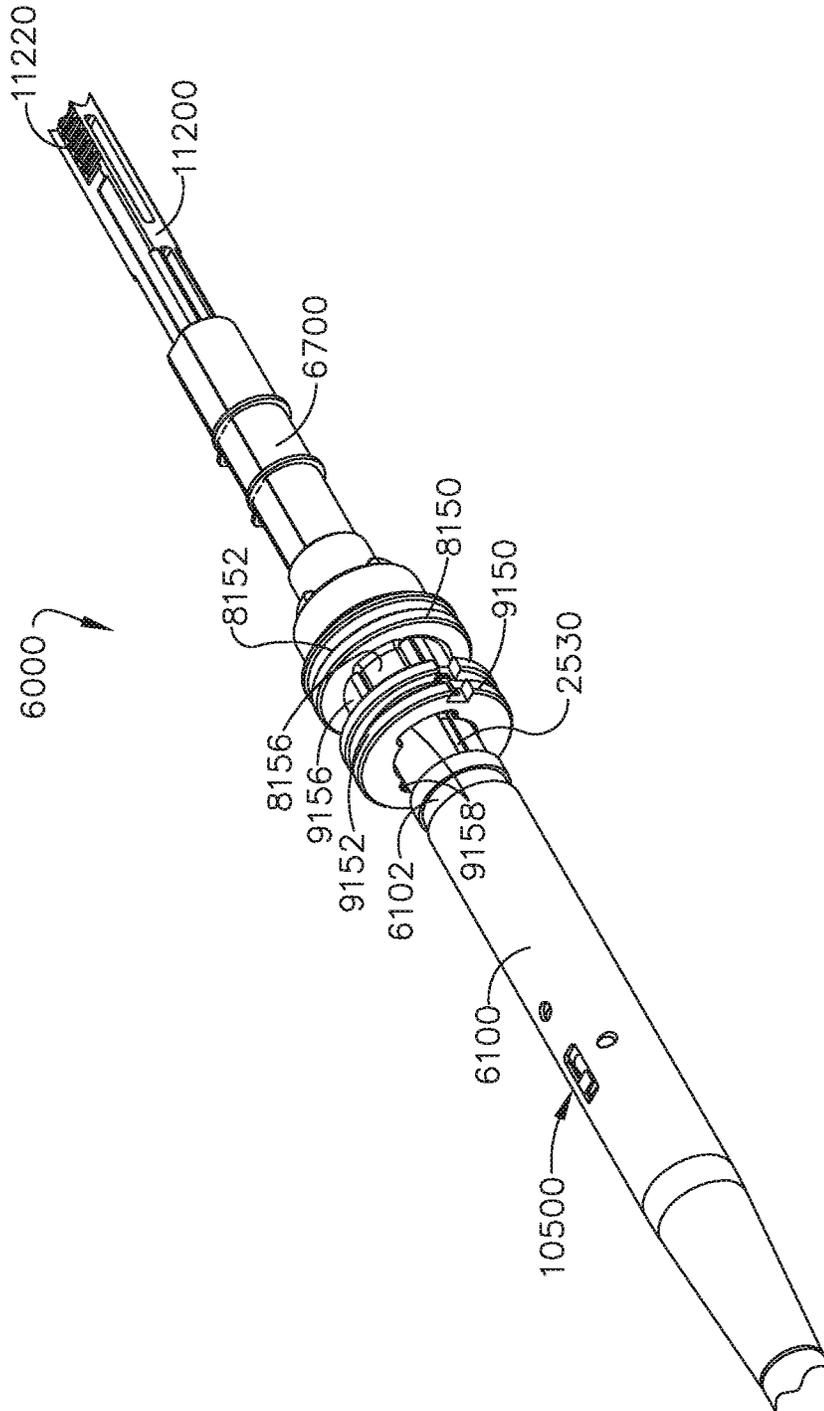
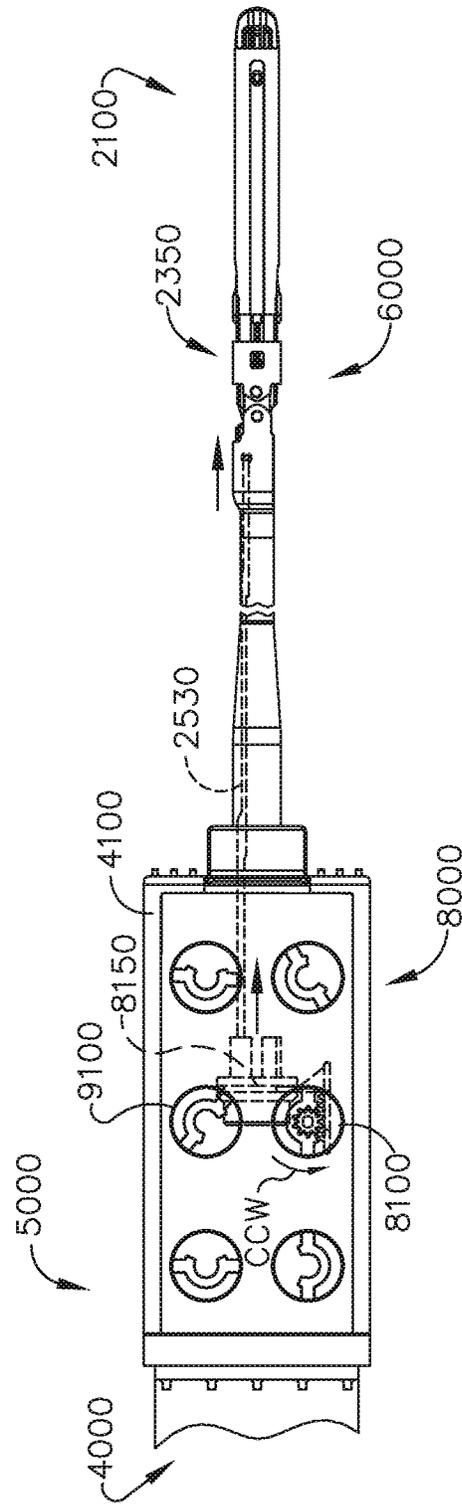
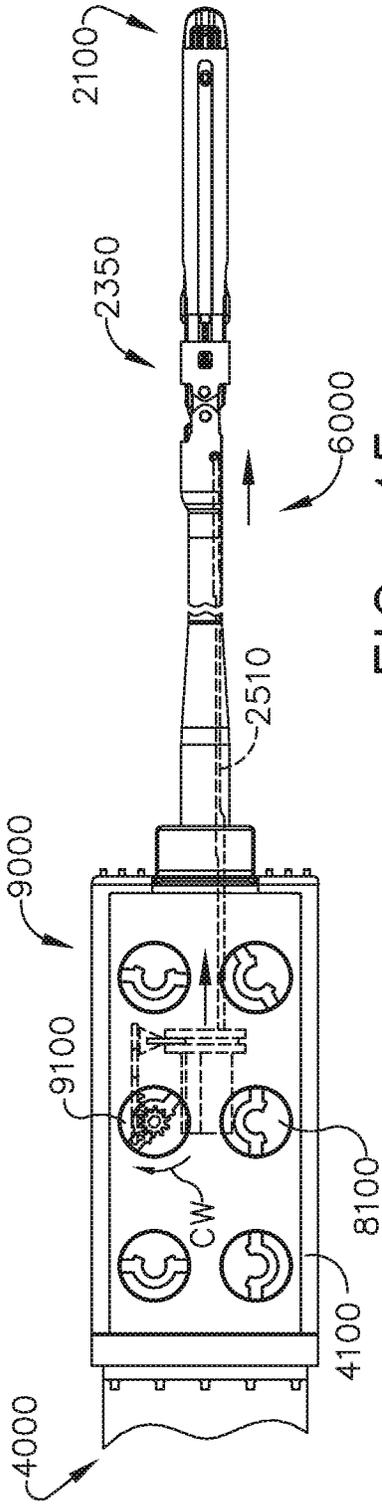


FIG. 44



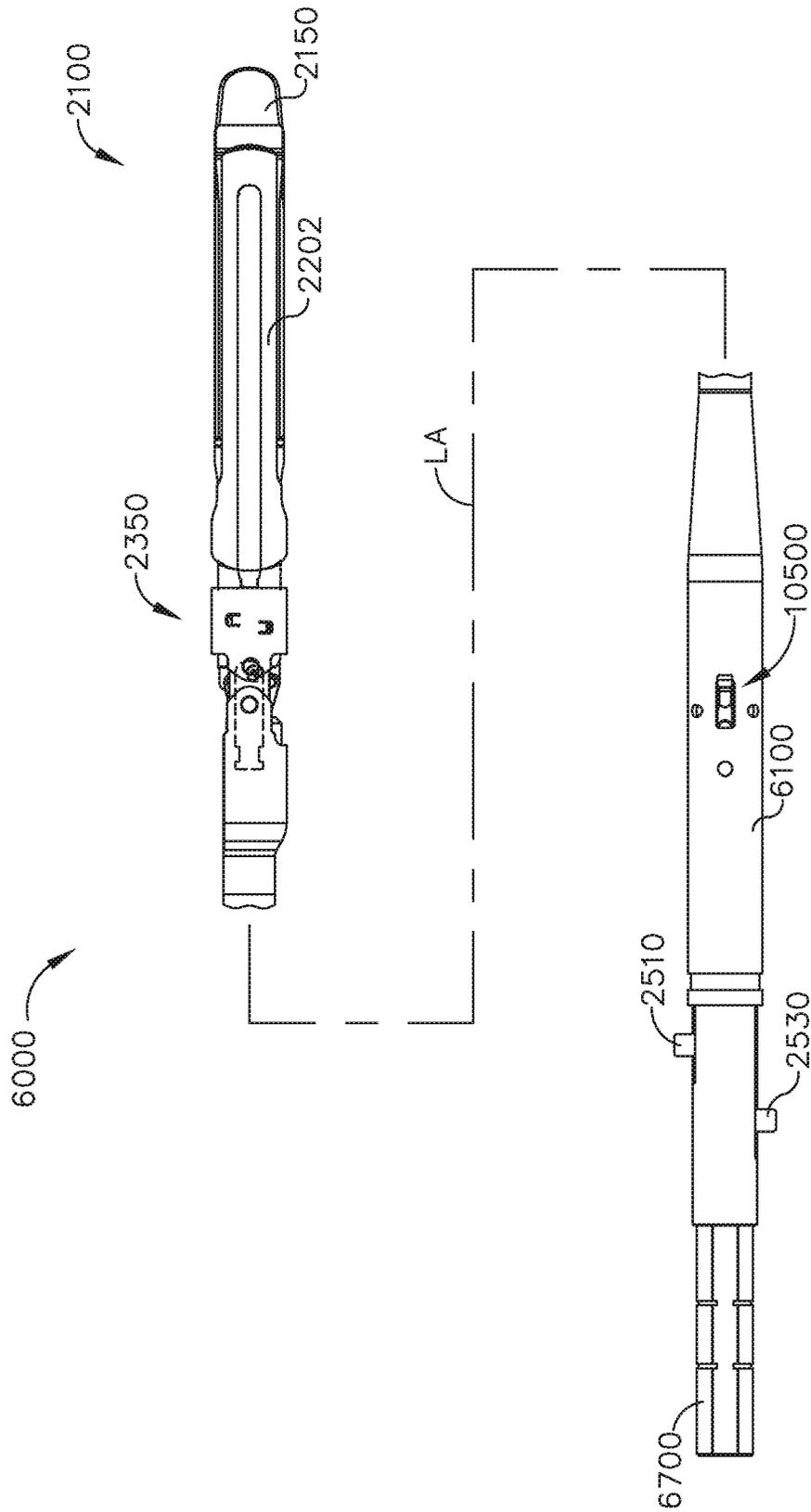


FIG. 47

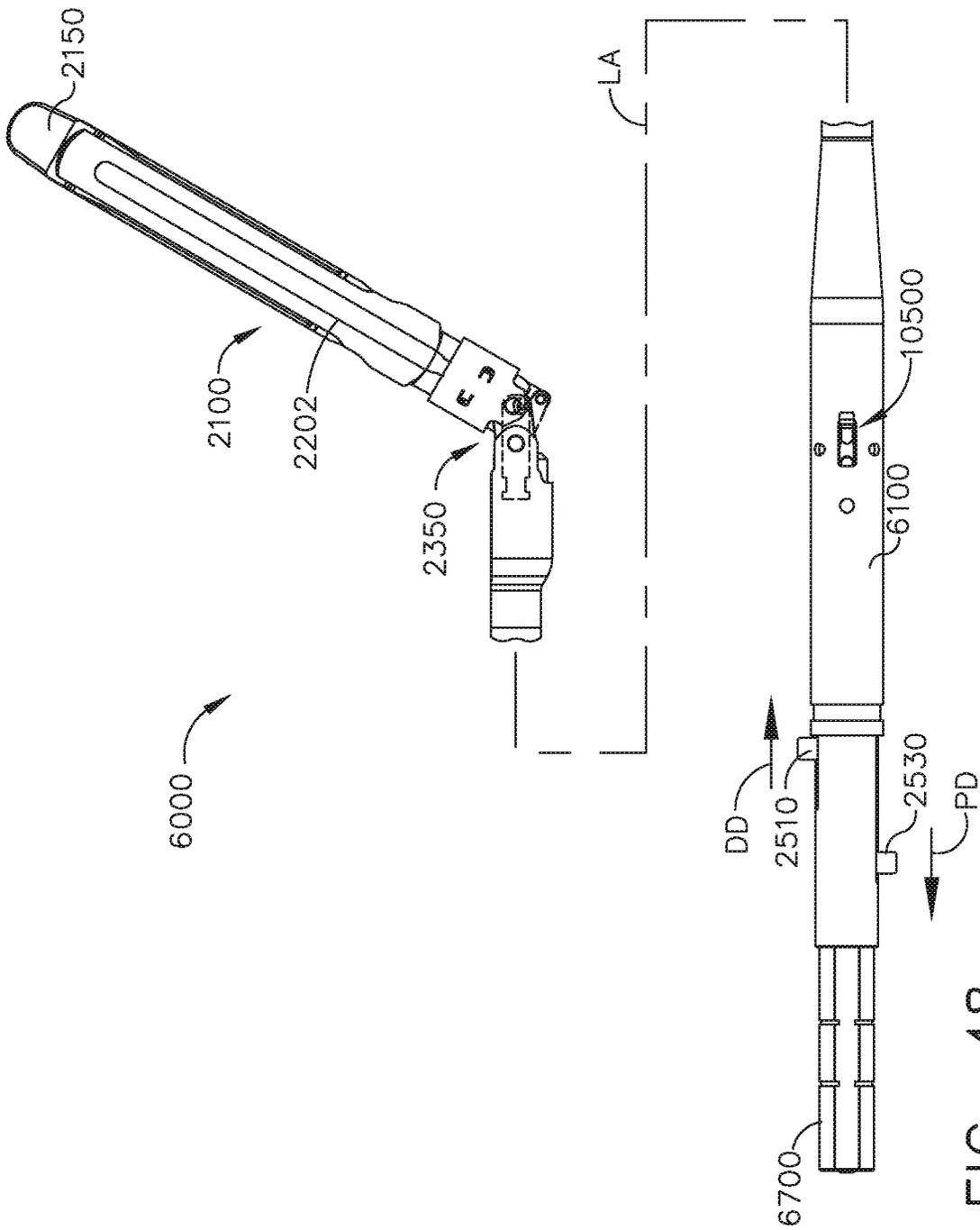


FIG. 48

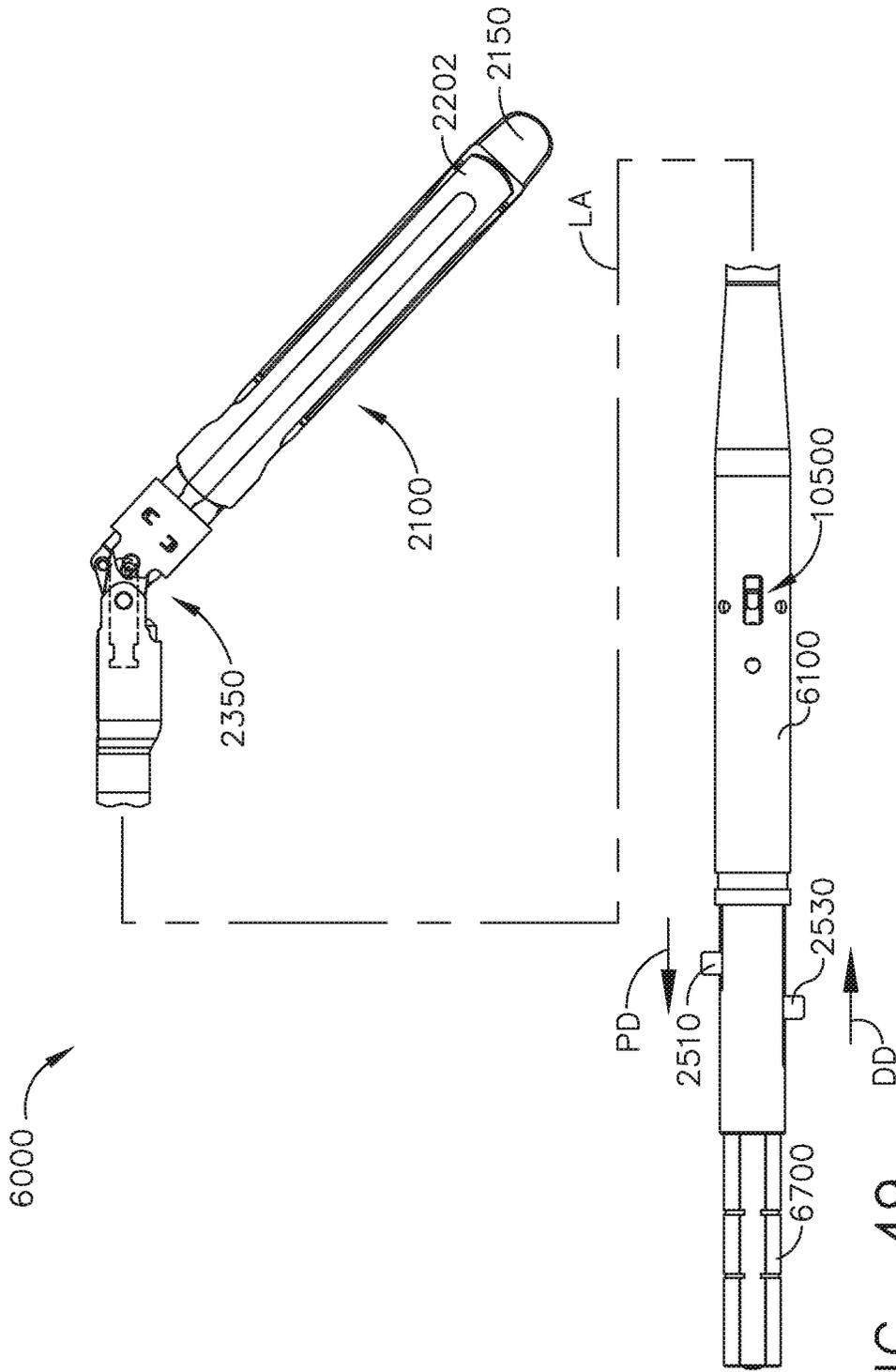


FIG. 49

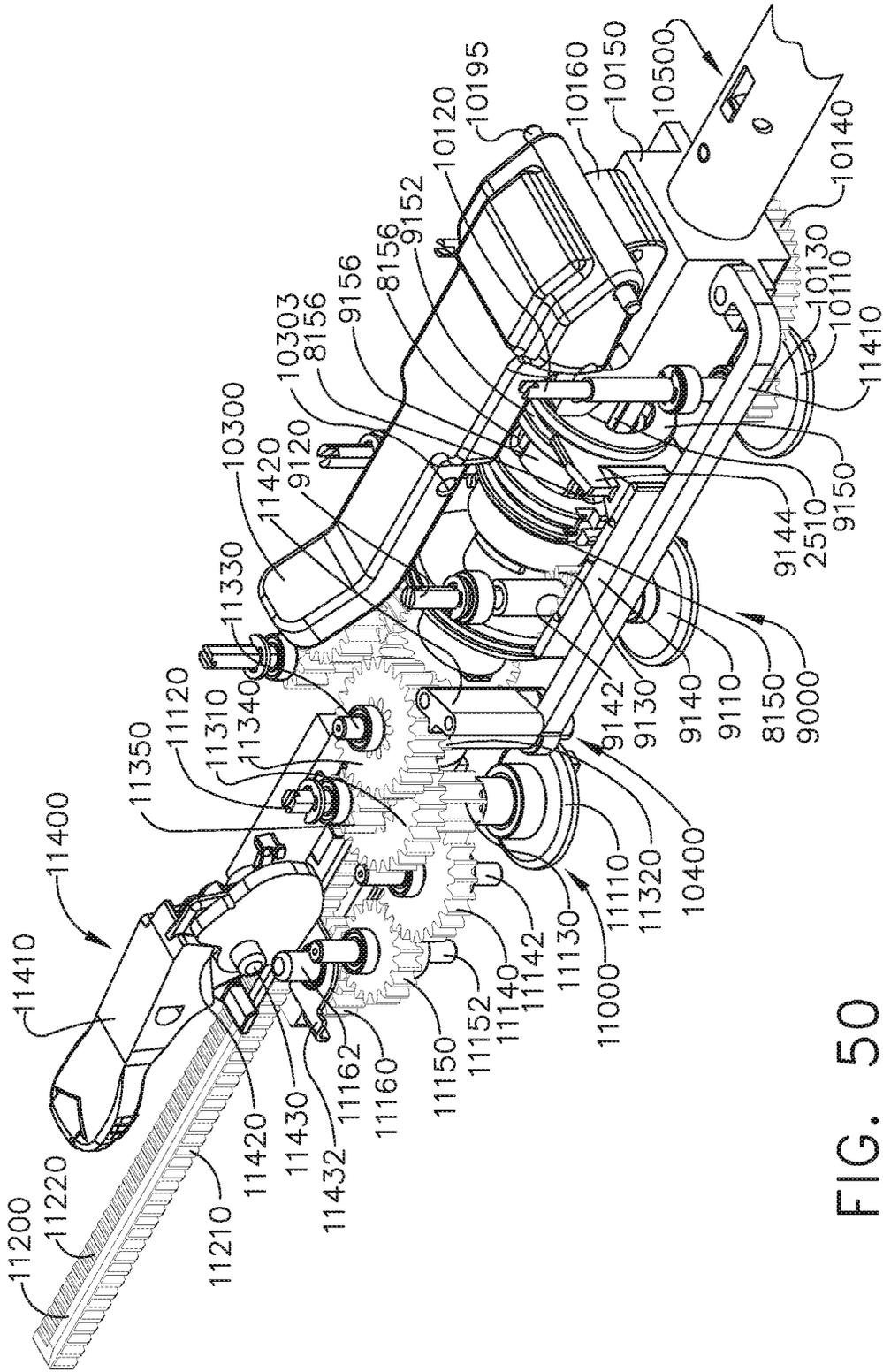


FIG. 50



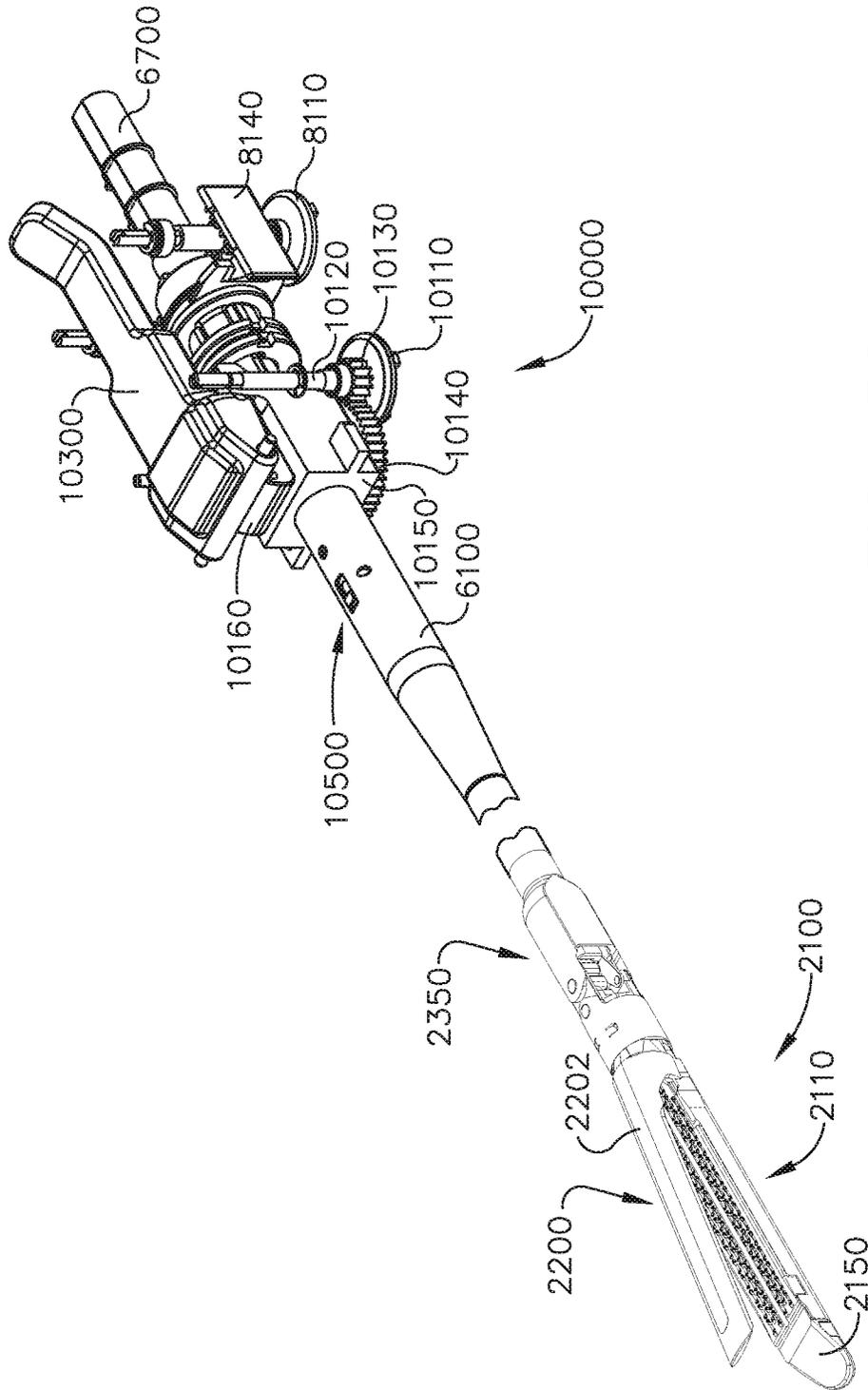


FIG. 52

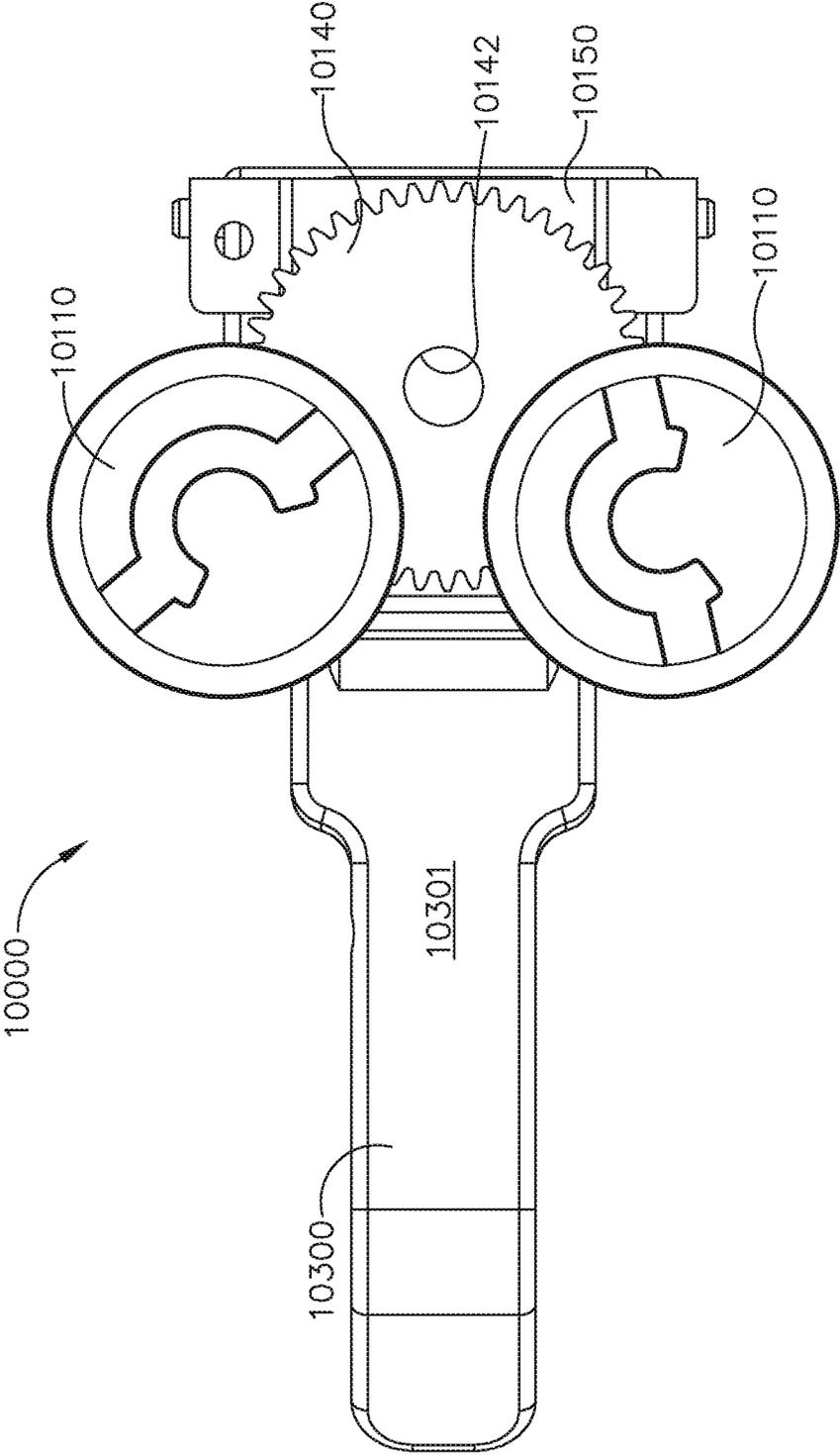


FIG. 53

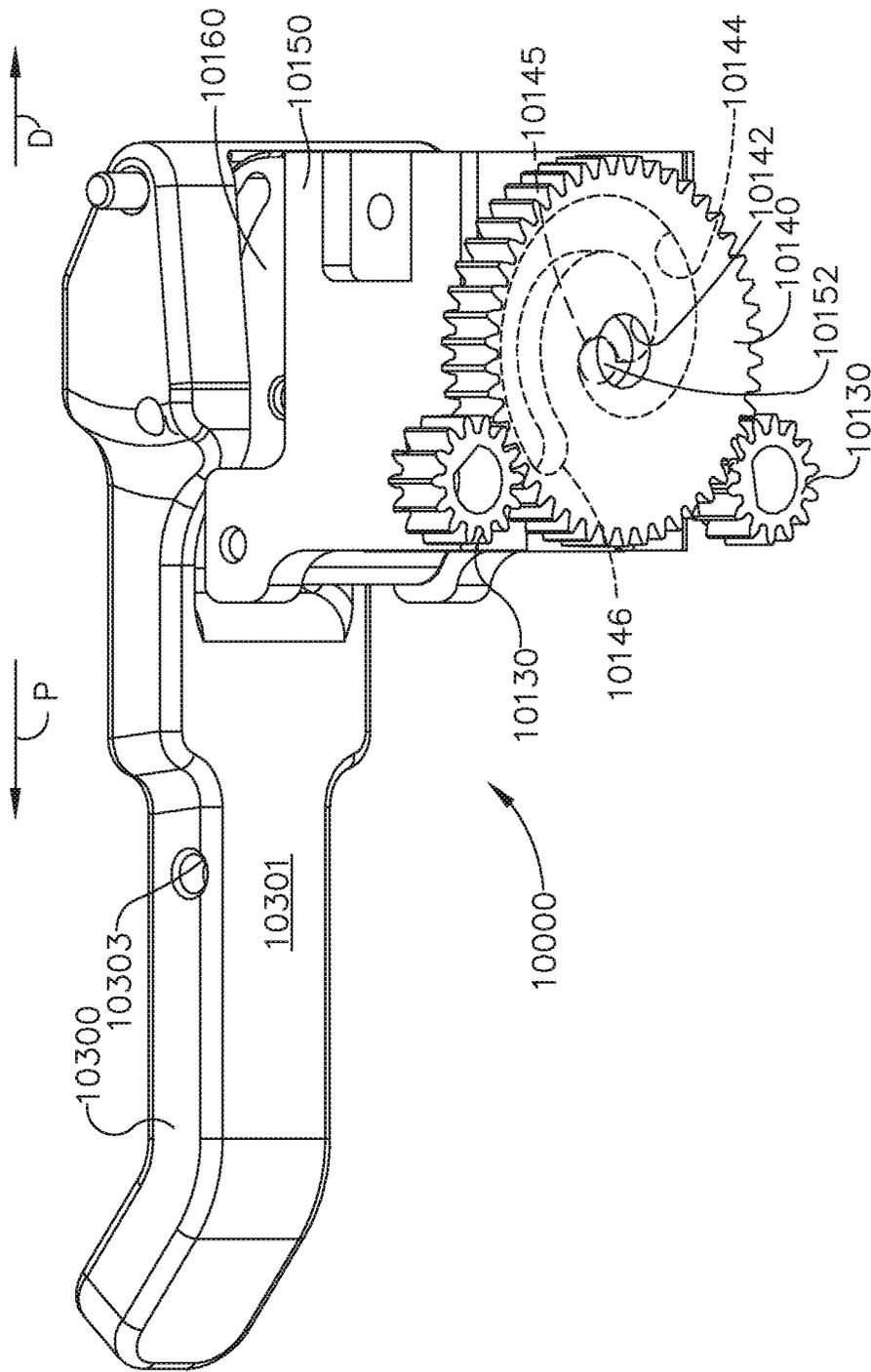


FIG. 54

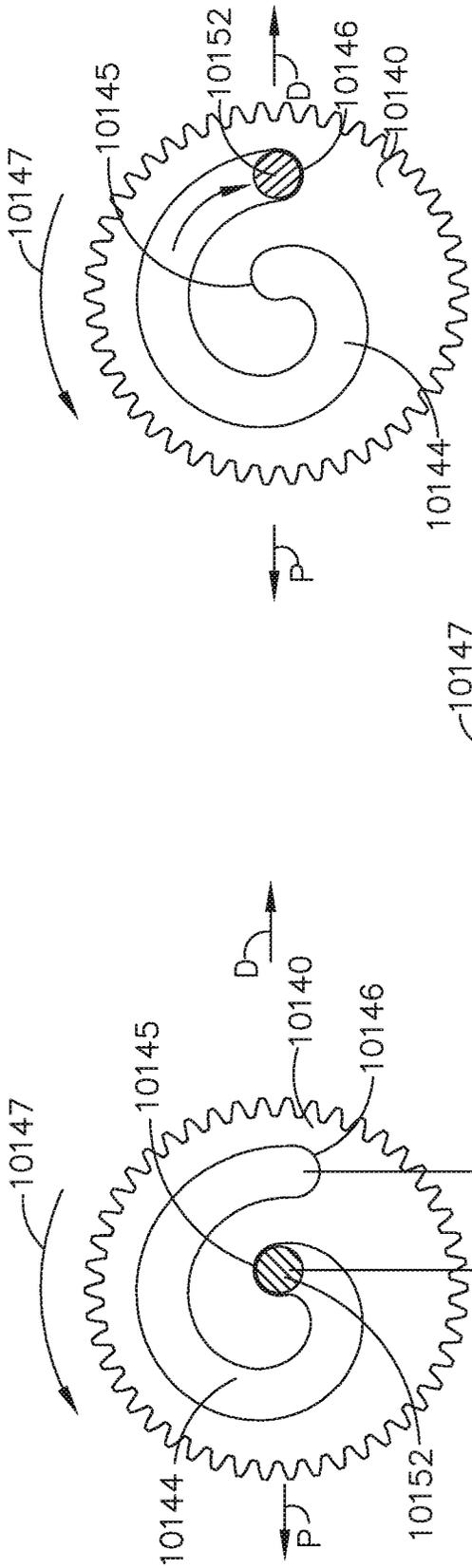


FIG. 55

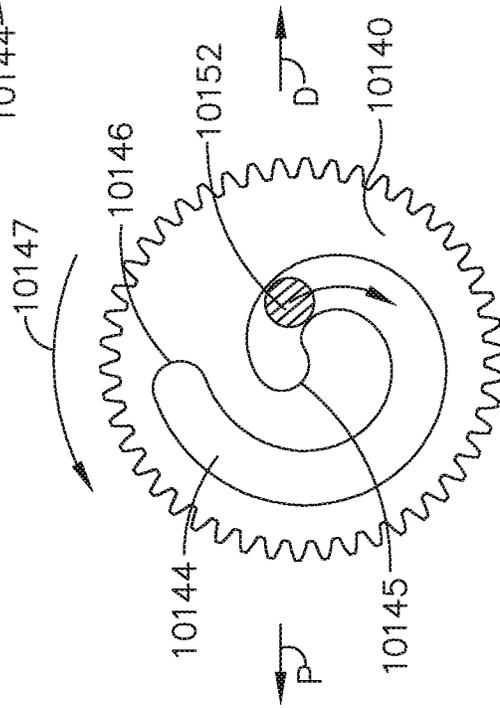


FIG. 56

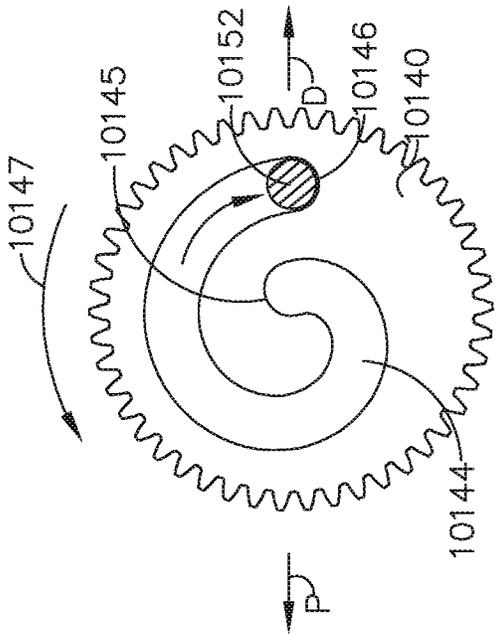


FIG. 57





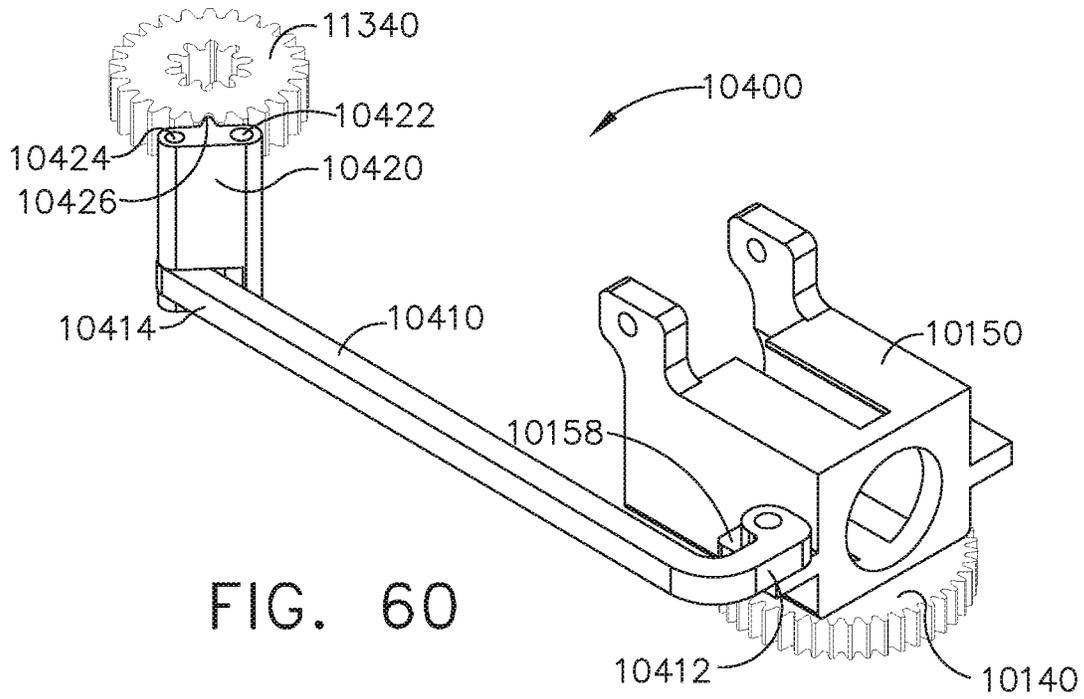


FIG. 60

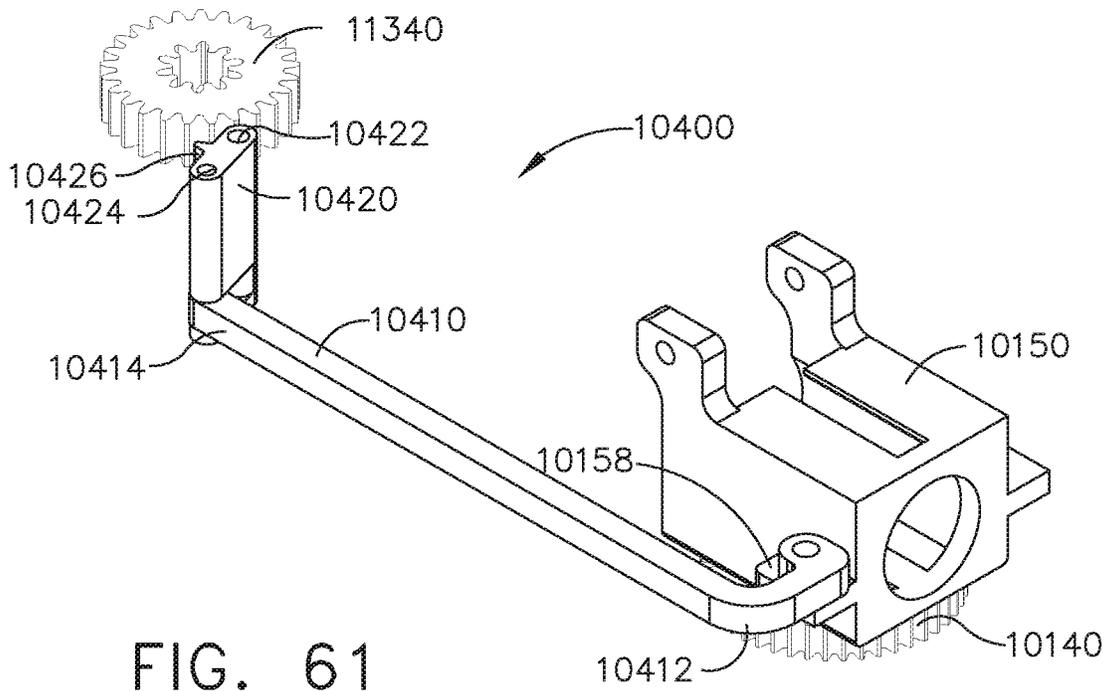


FIG. 61

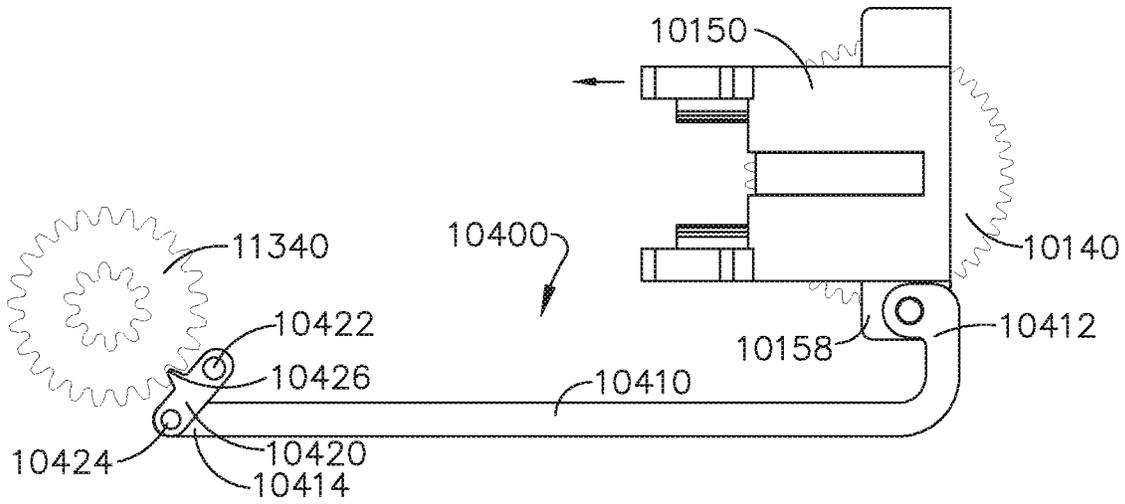


FIG. 62

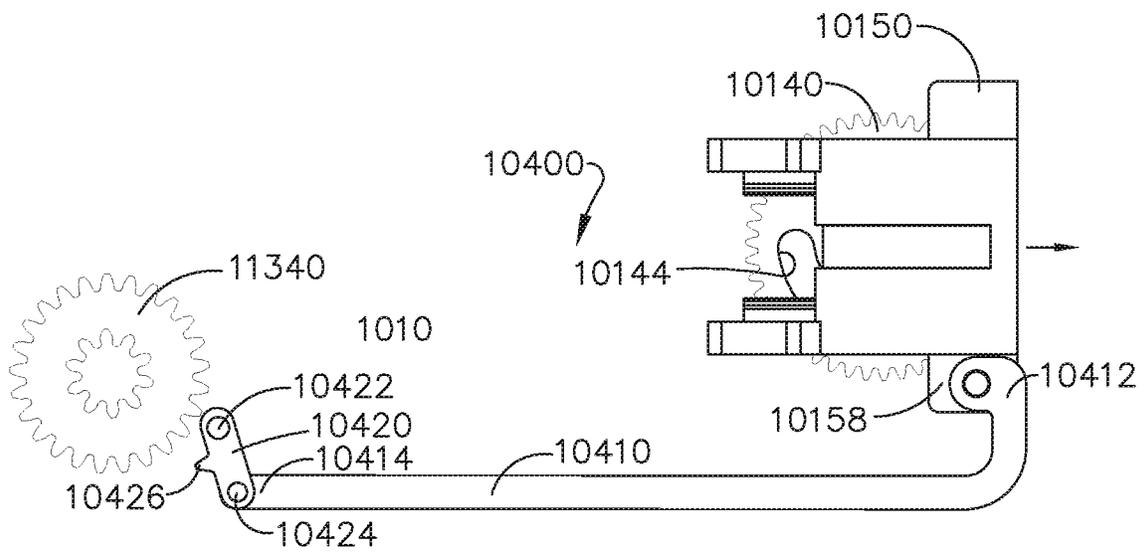


FIG. 63

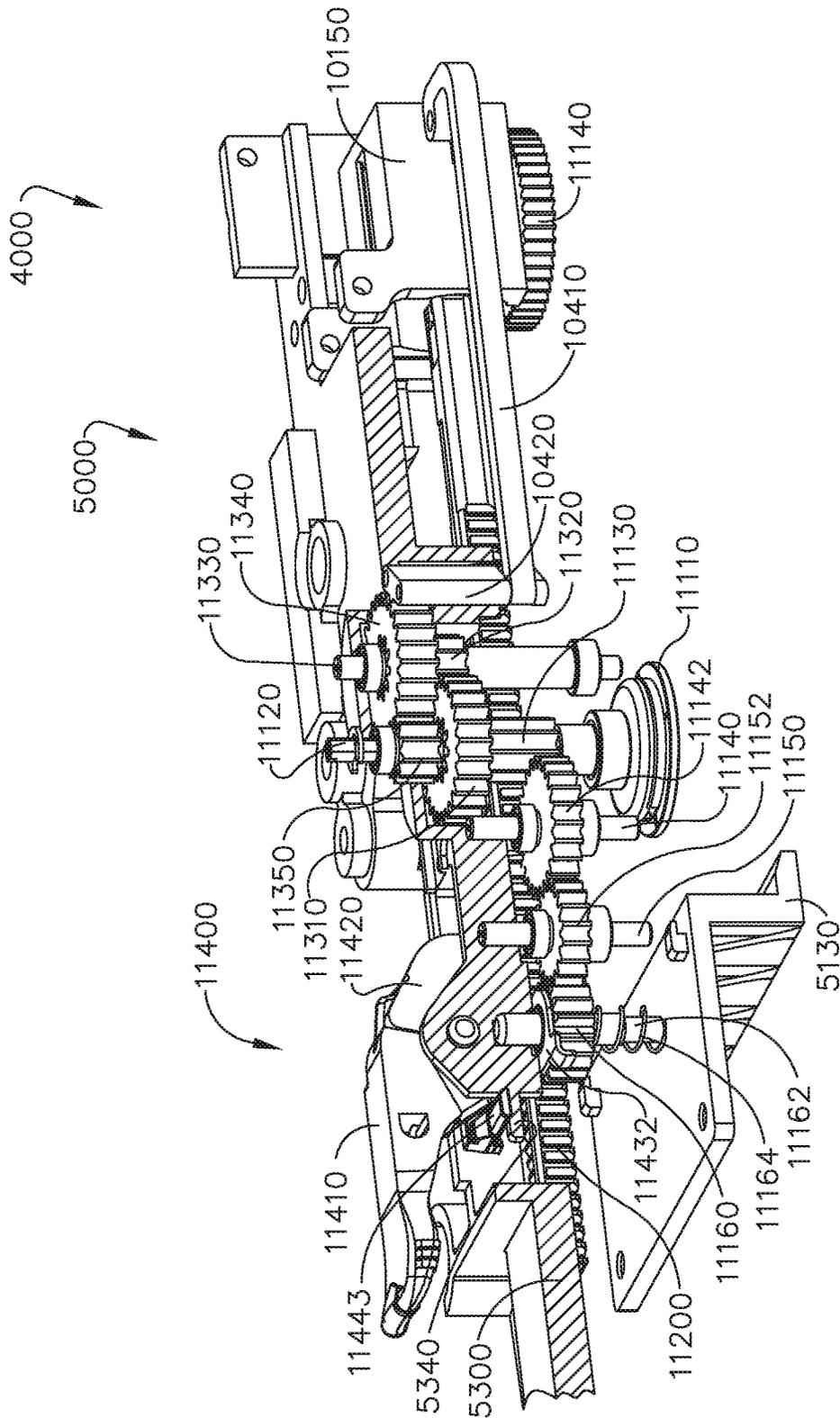


FIG. 64

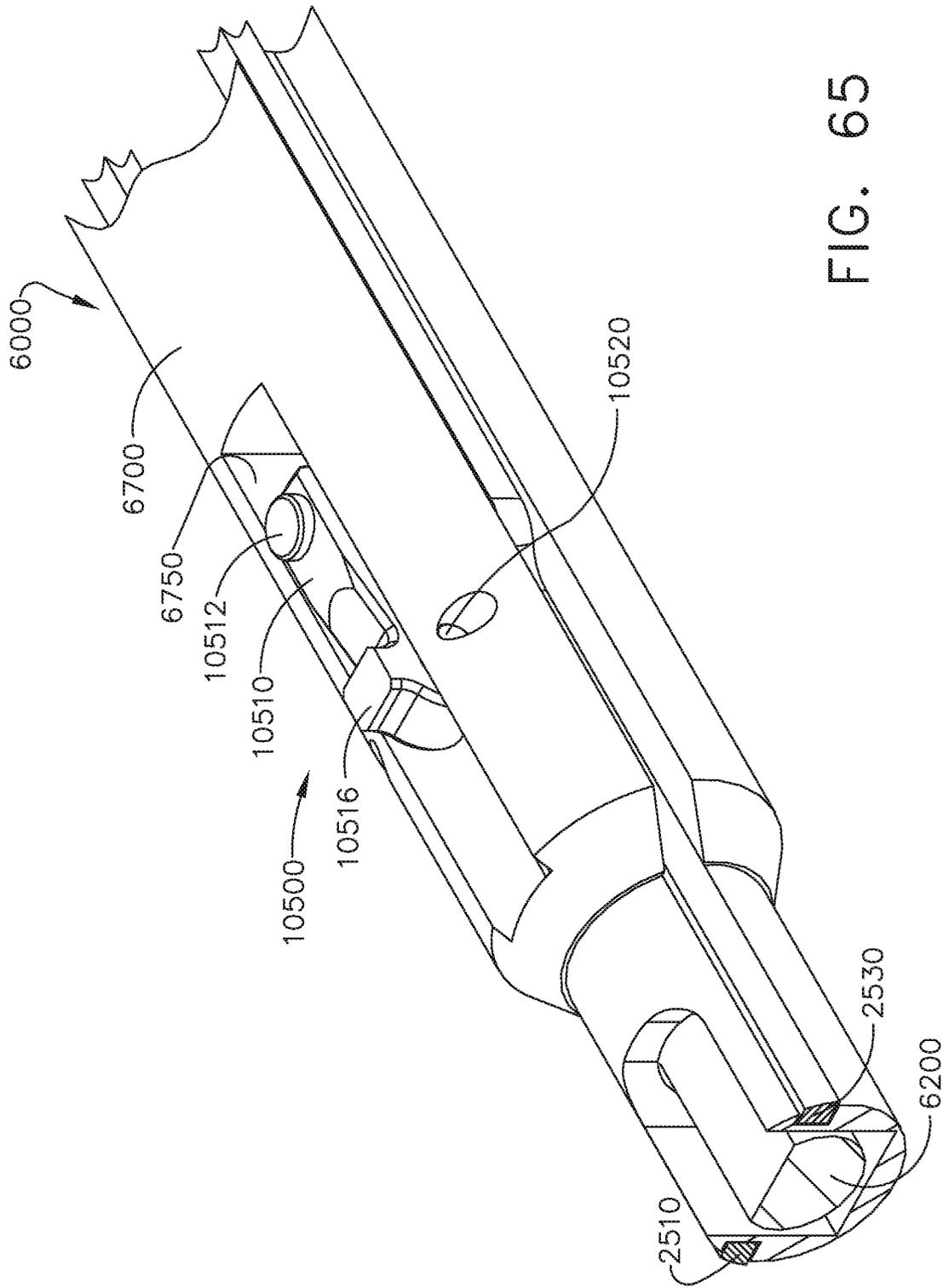


FIG. 65

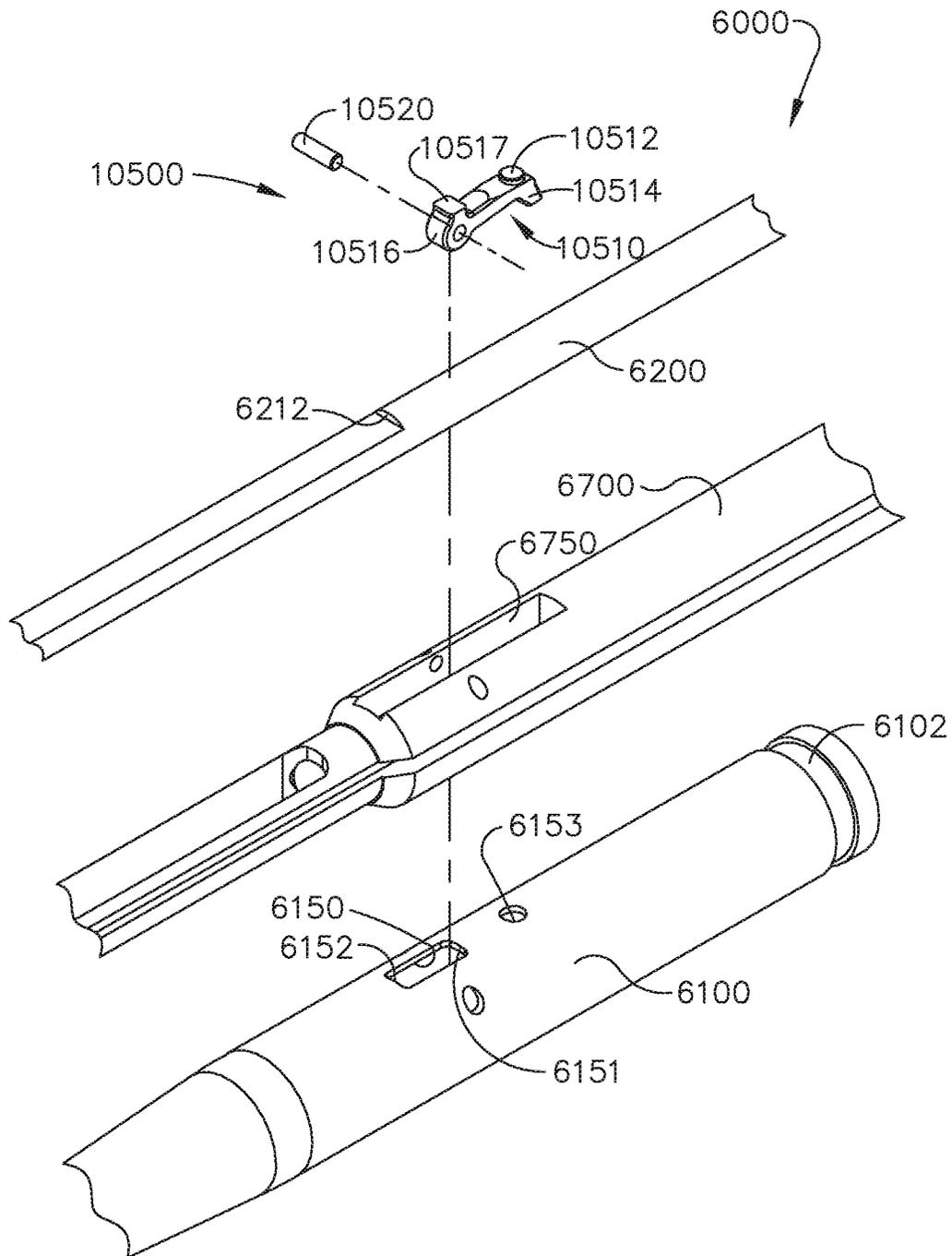


FIG. 66



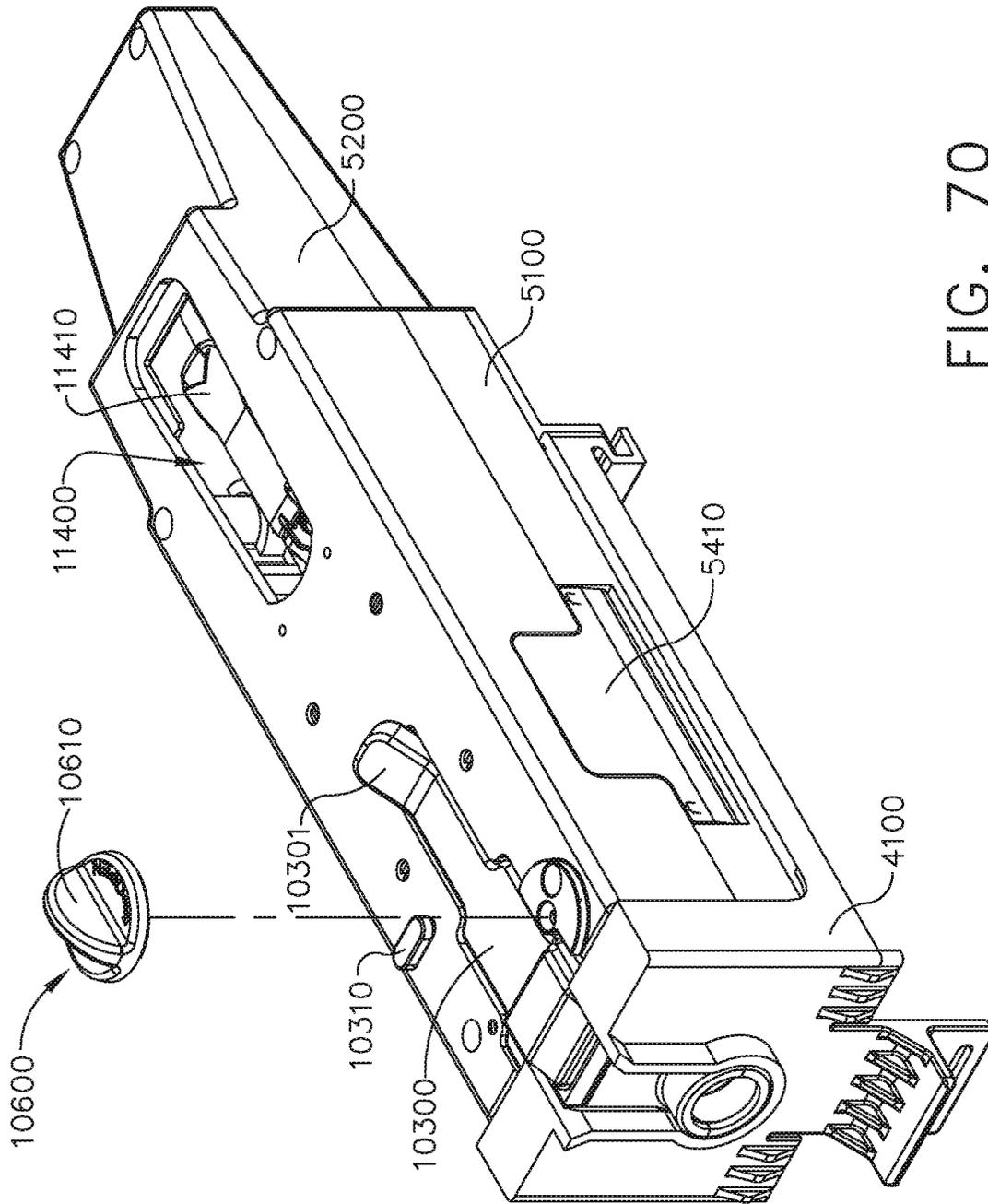


FIG. 70

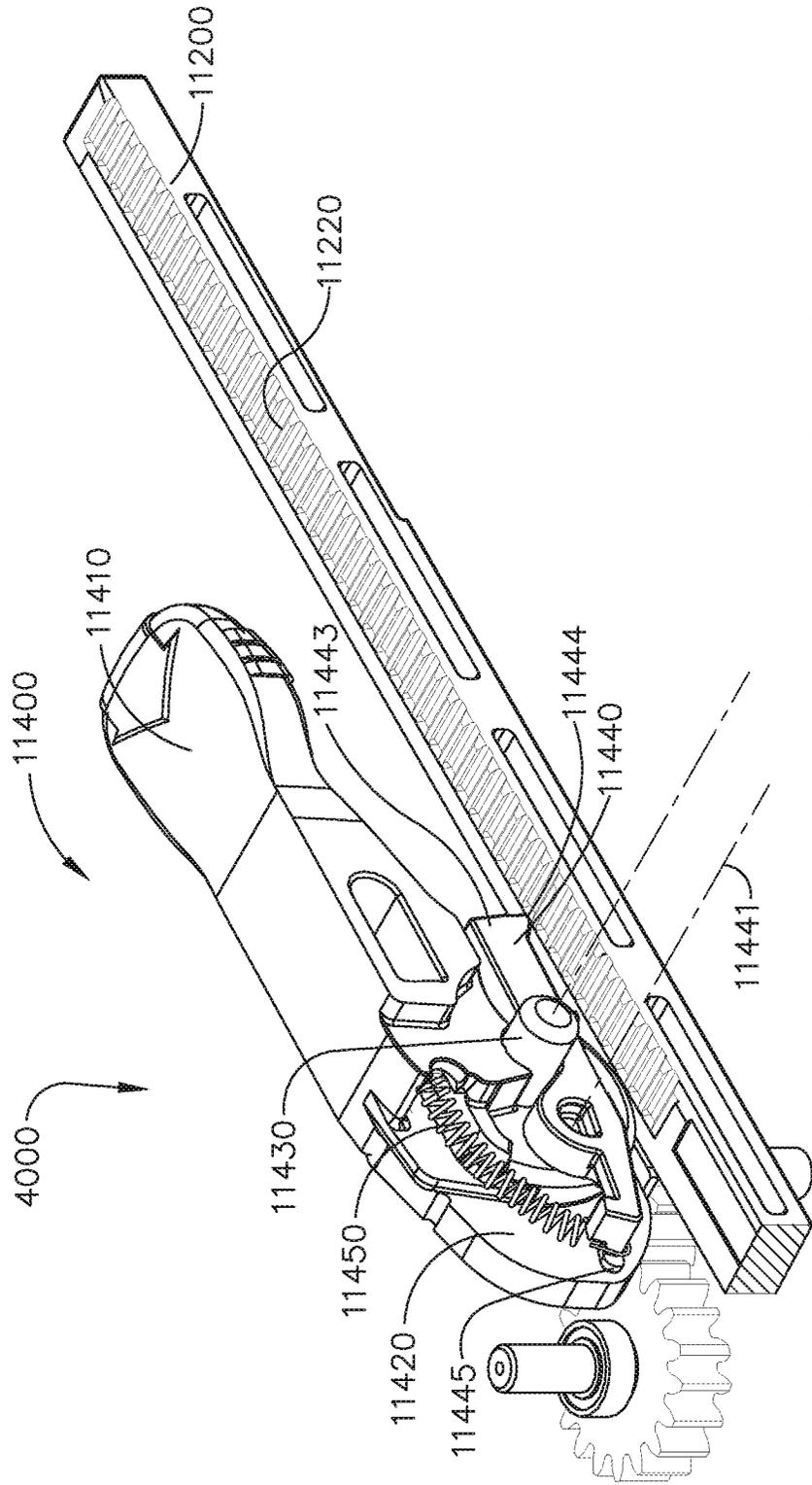


FIG. 71

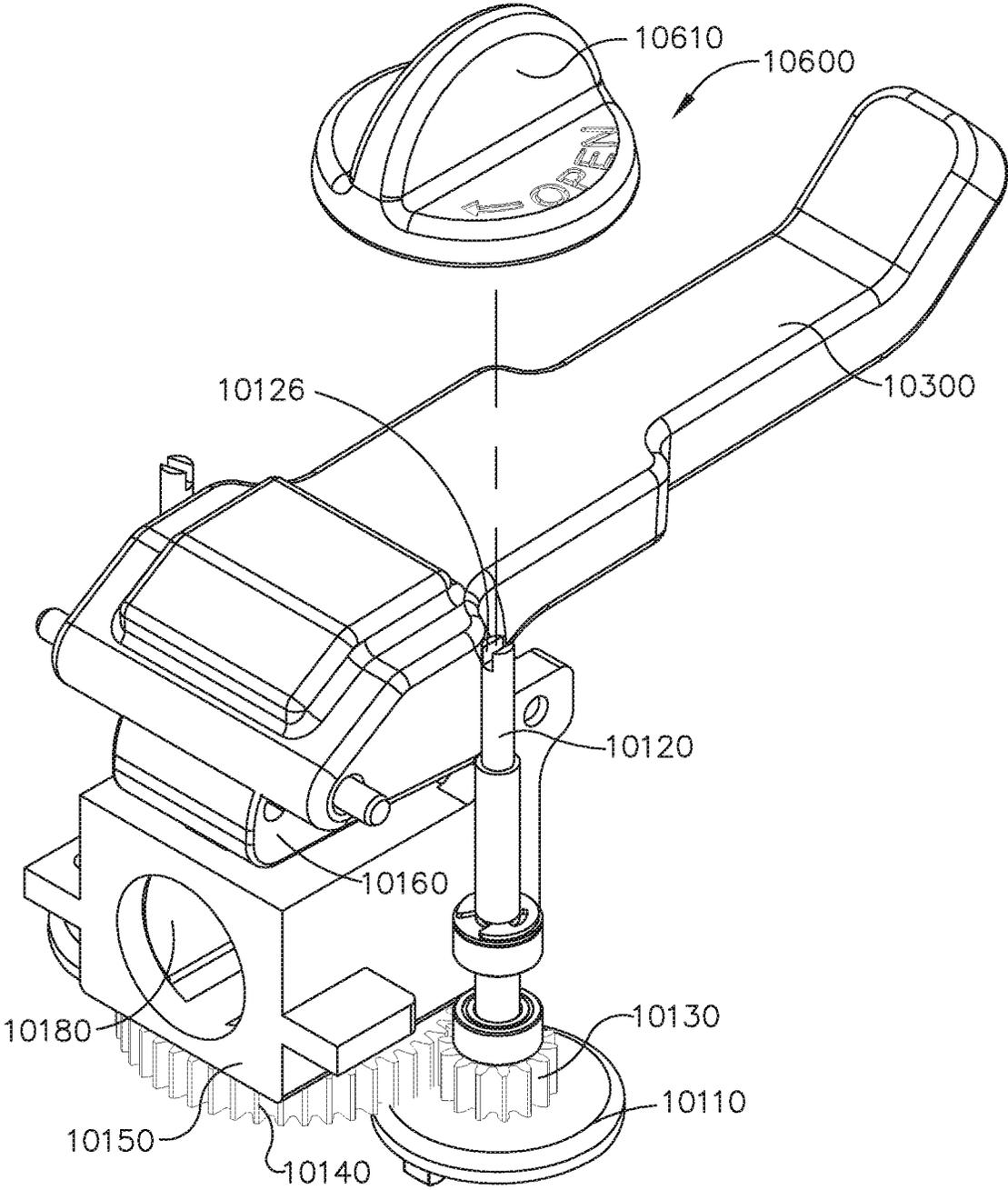


FIG. 72

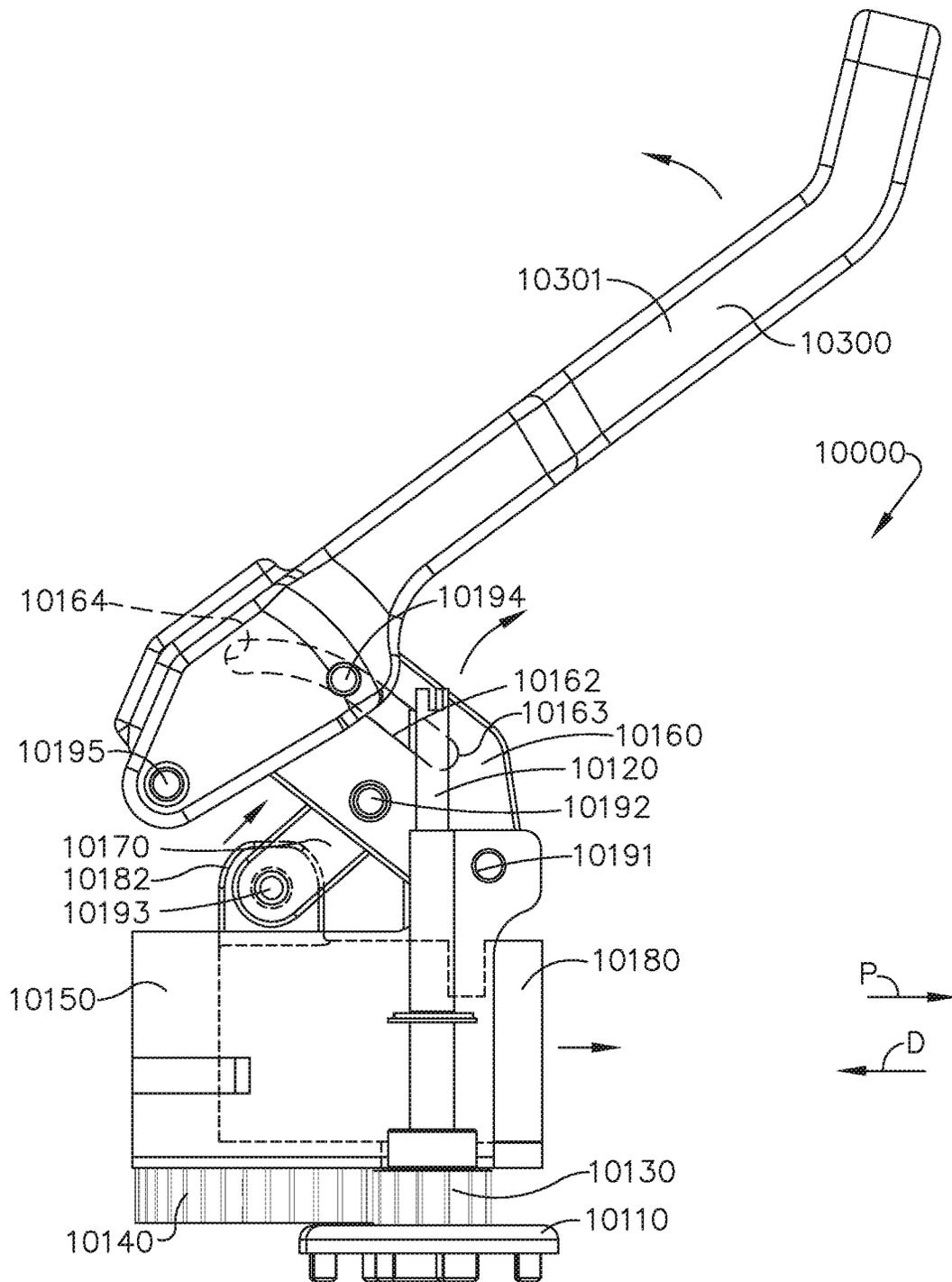


FIG. 73



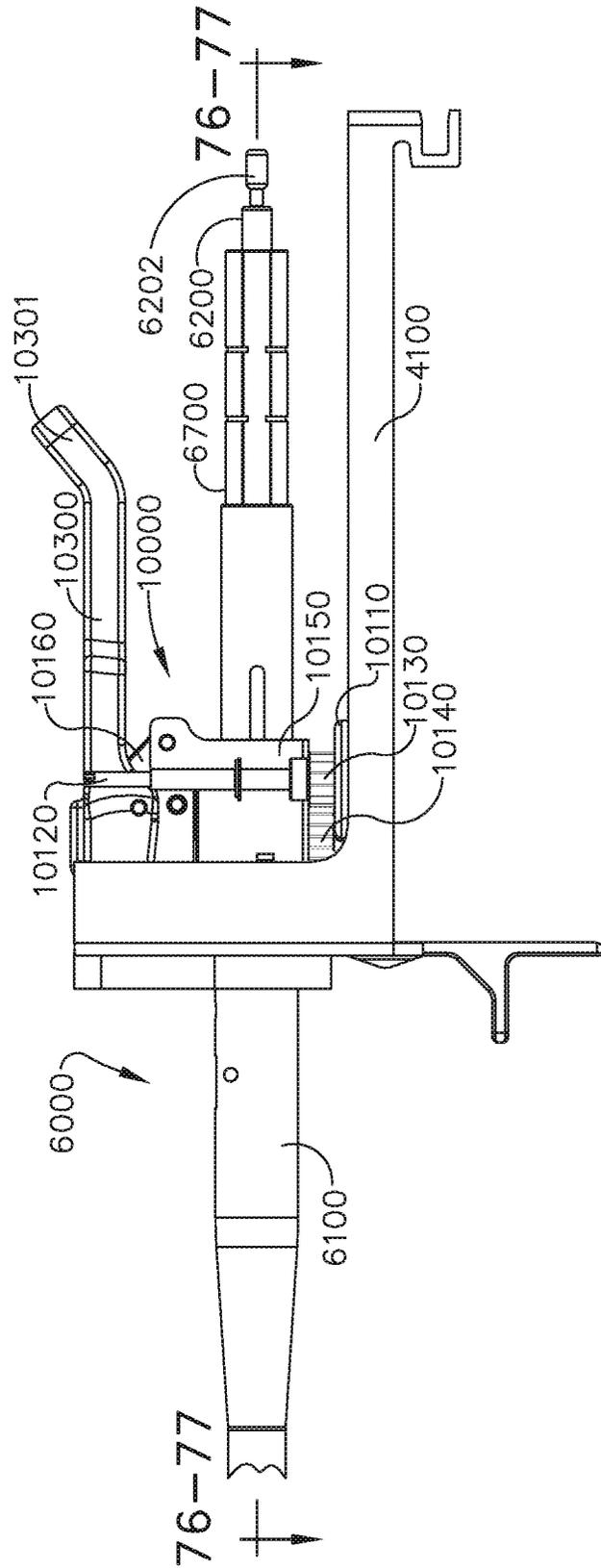


FIG. 75

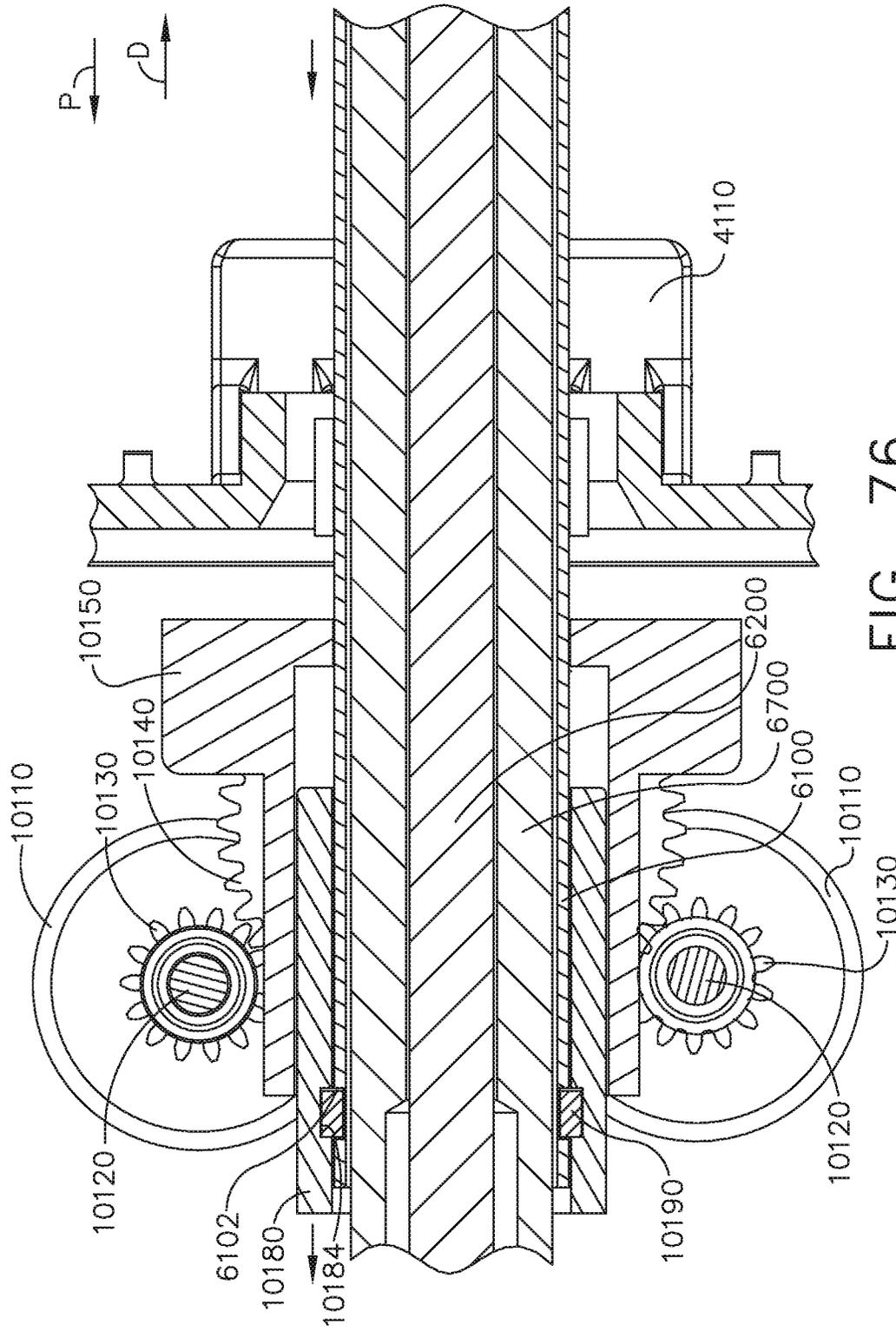


FIG. 76



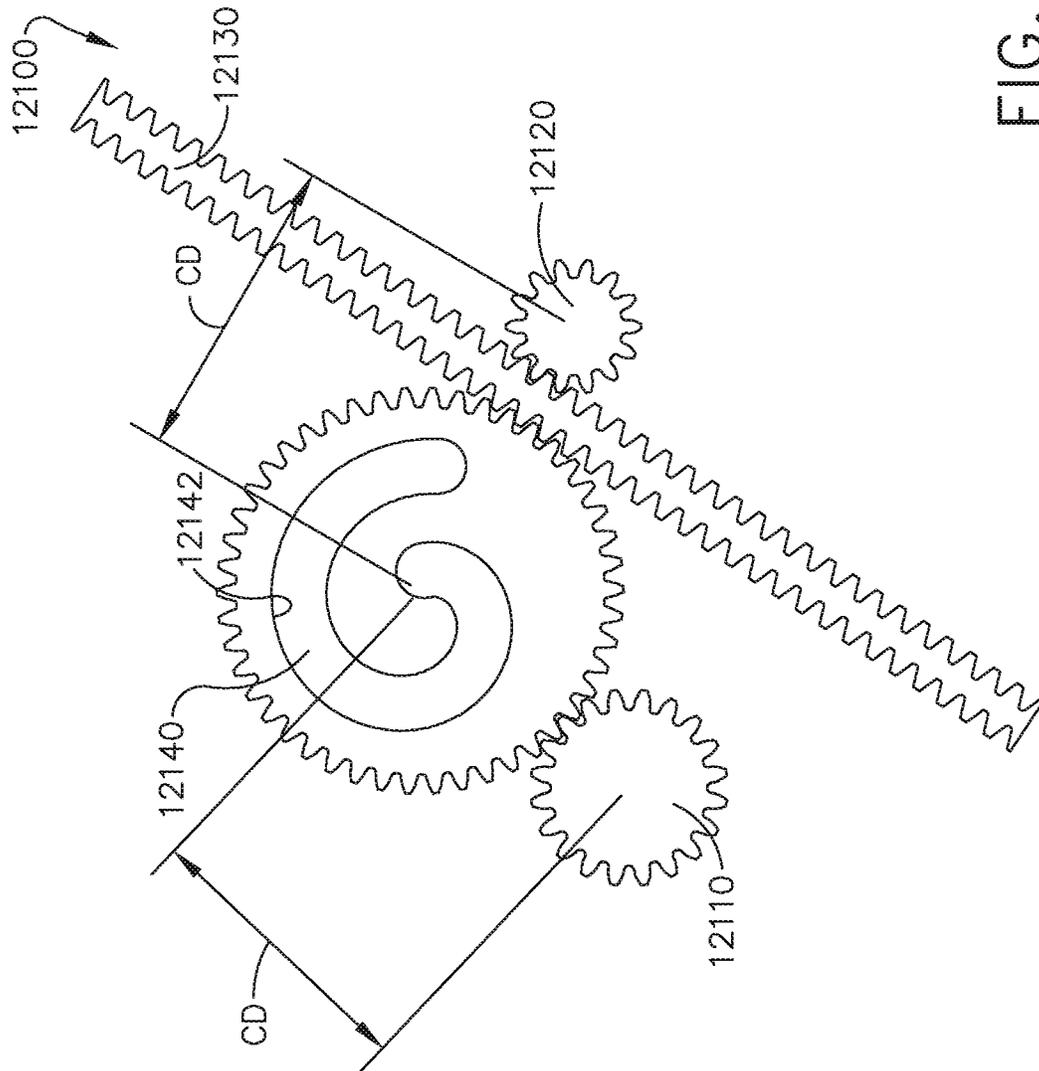


FIG. 78

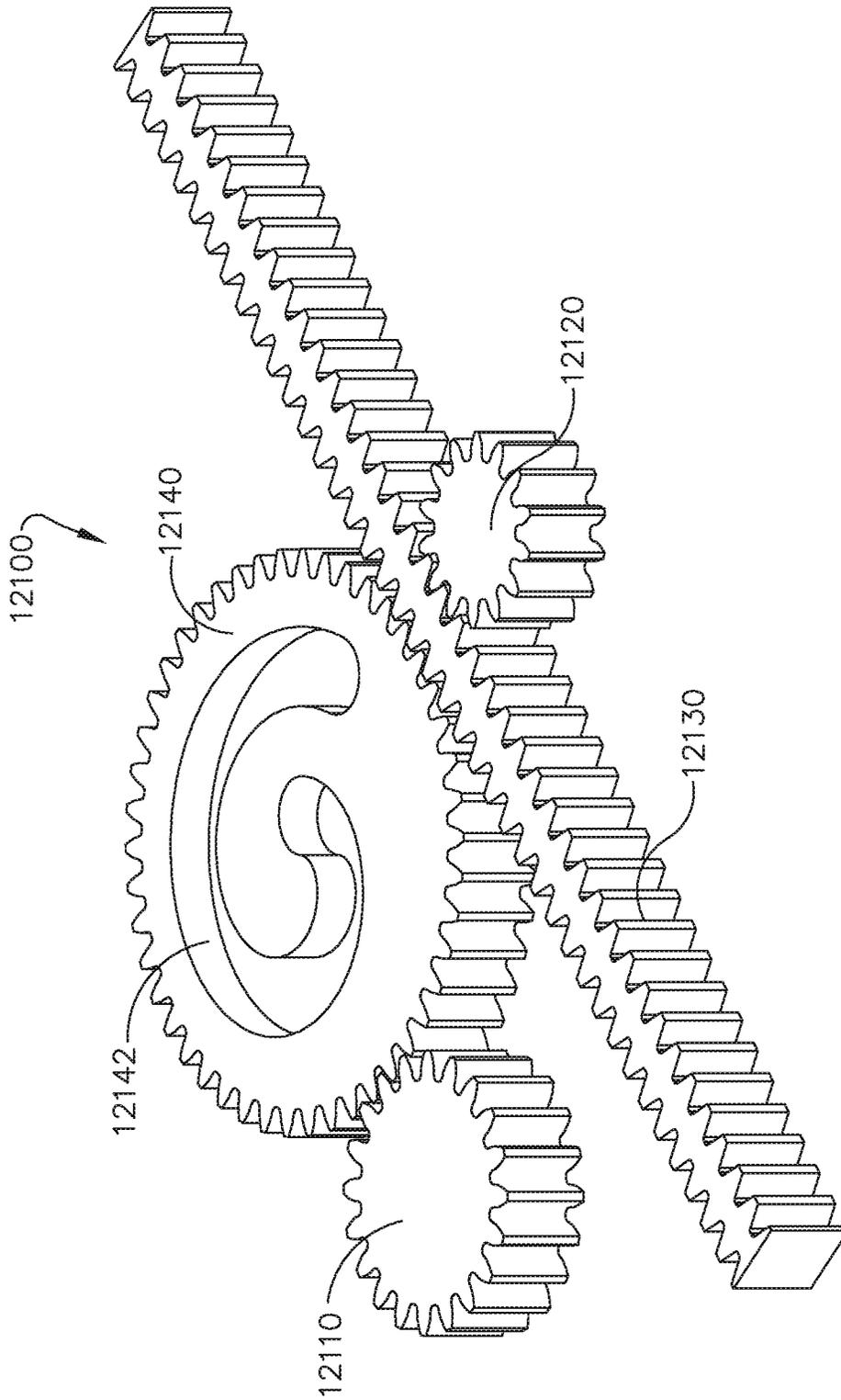


FIG. 79

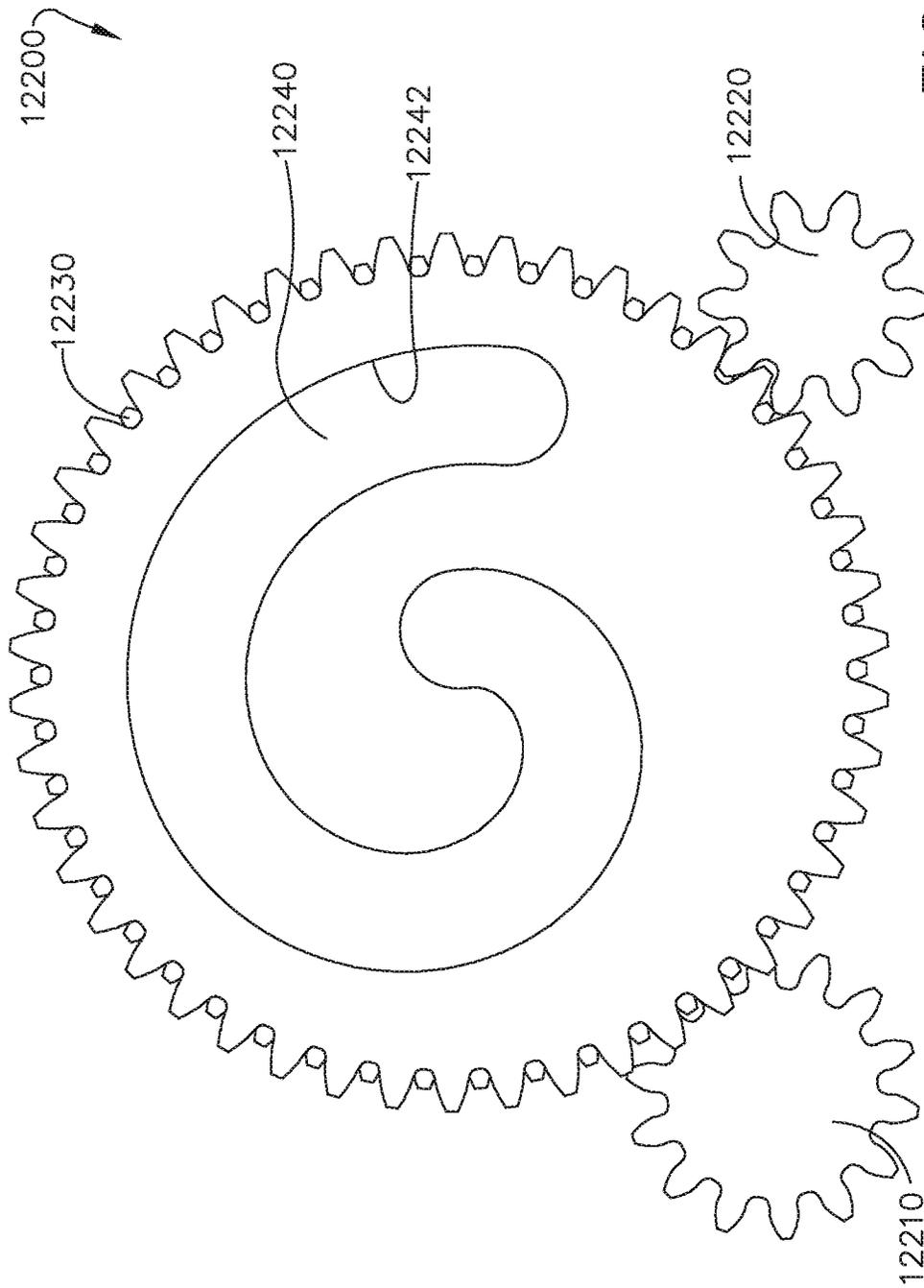


FIG. 80

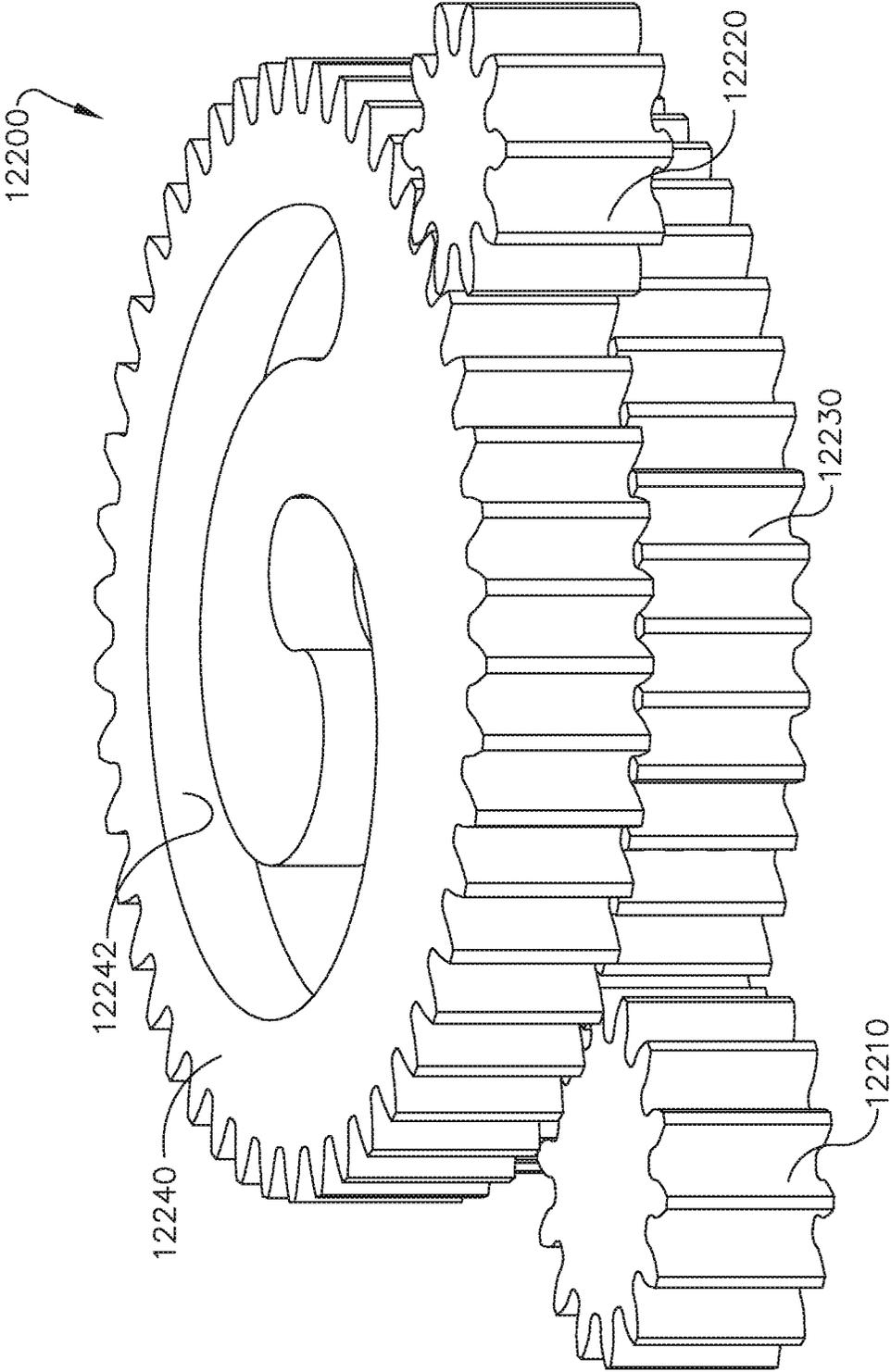


FIG. 81

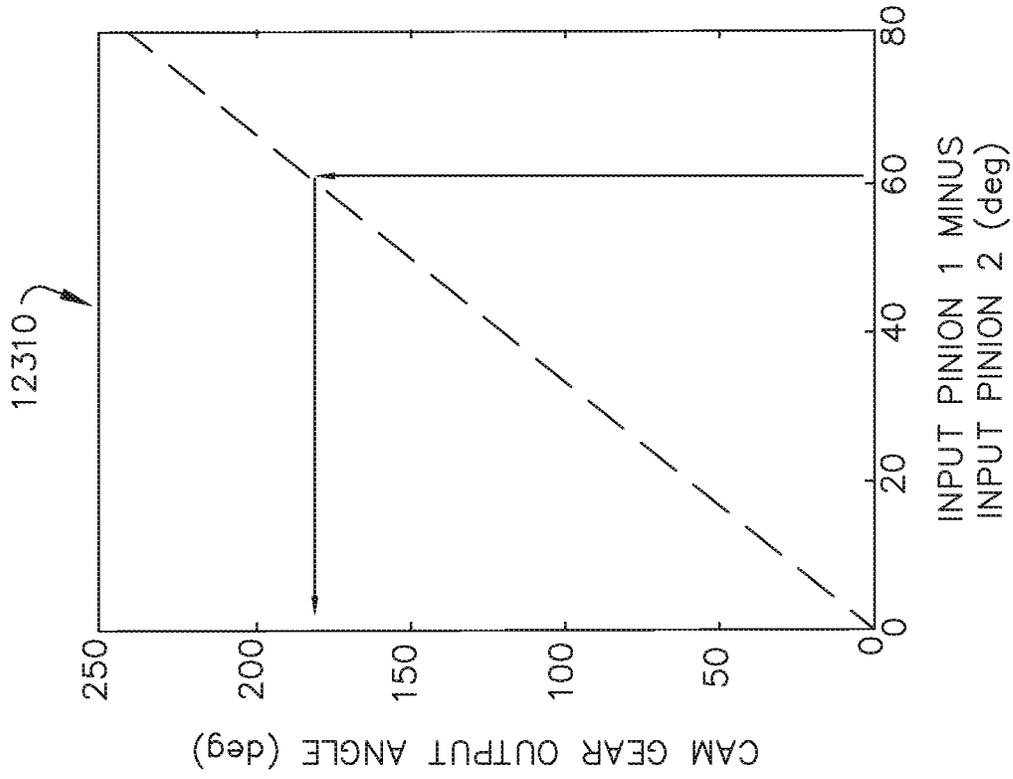


FIG. 83

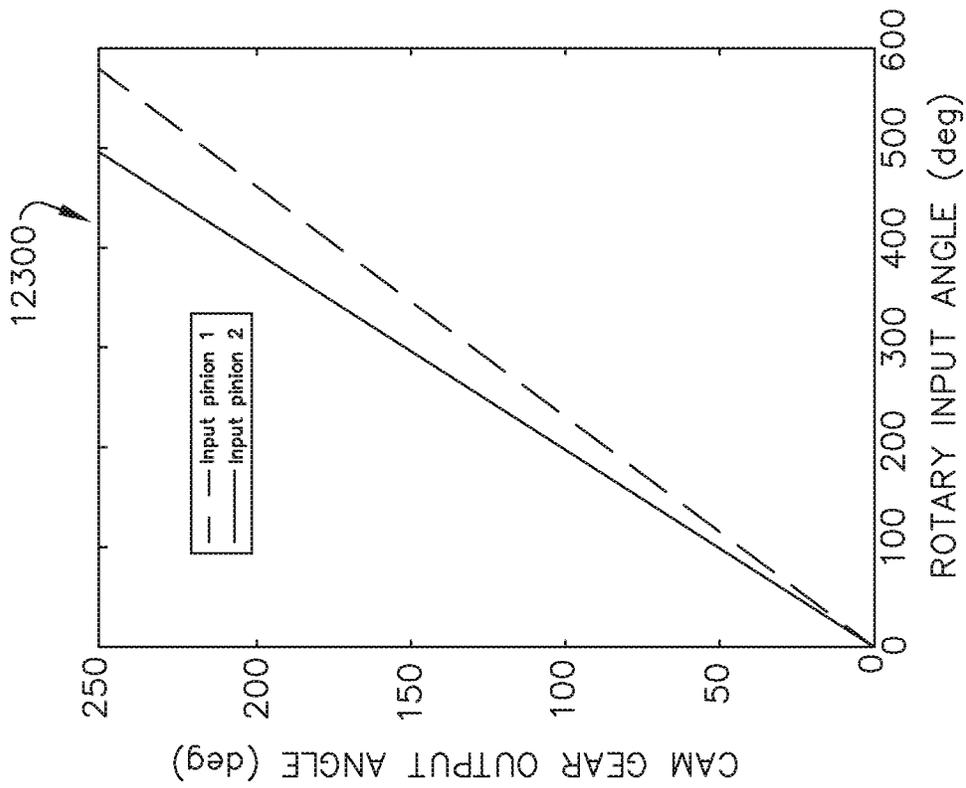


FIG. 82

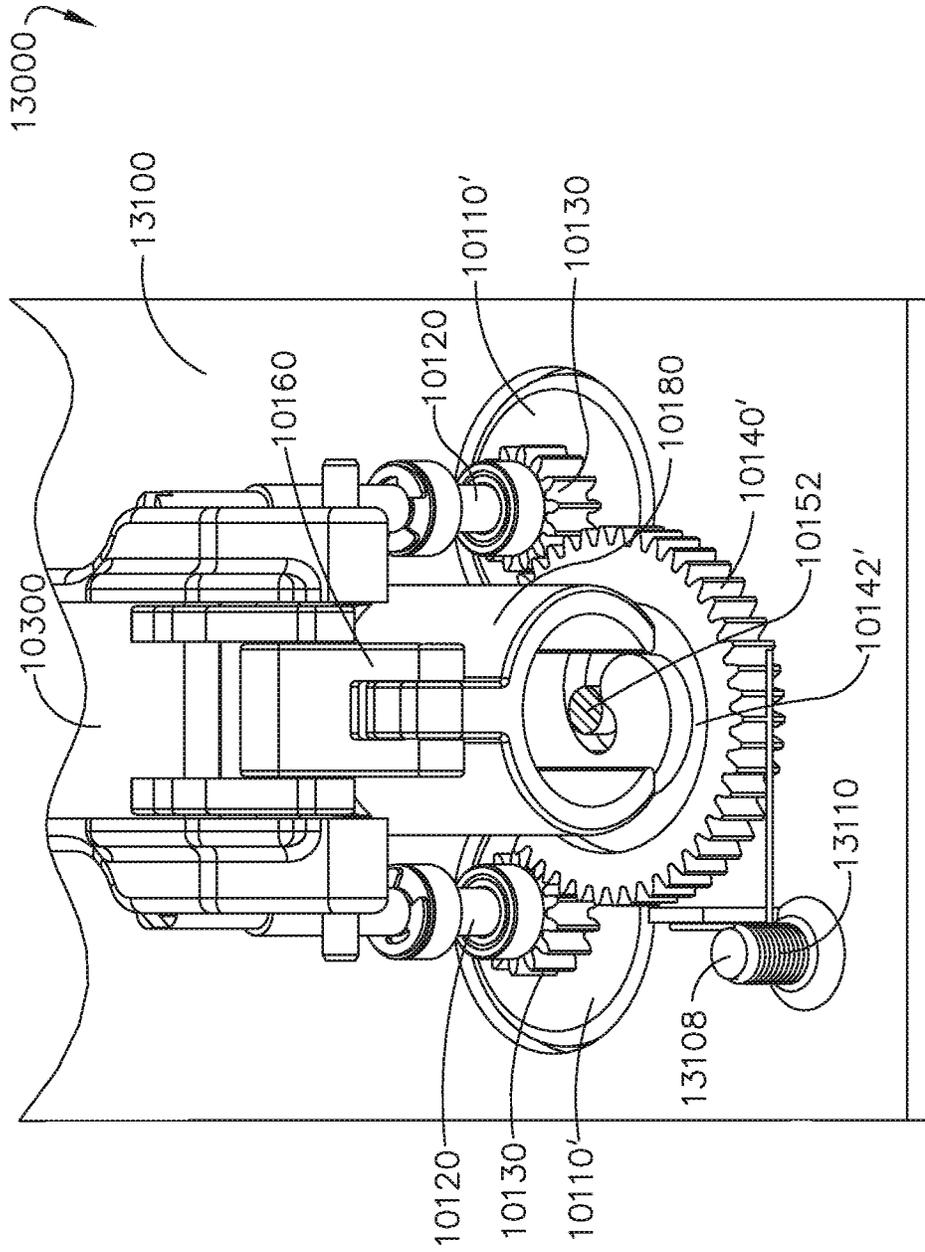


FIG. 84

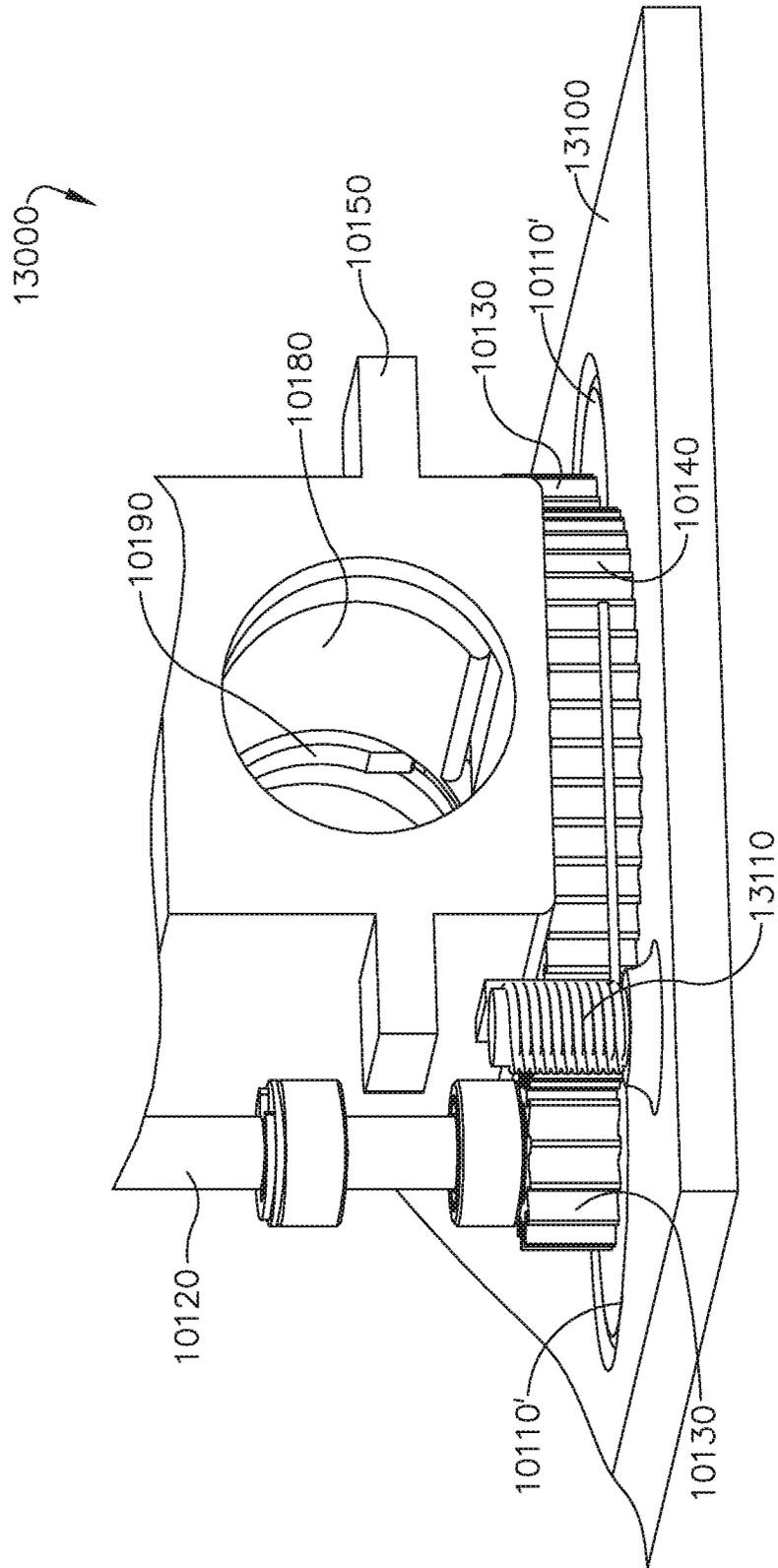


FIG. 85

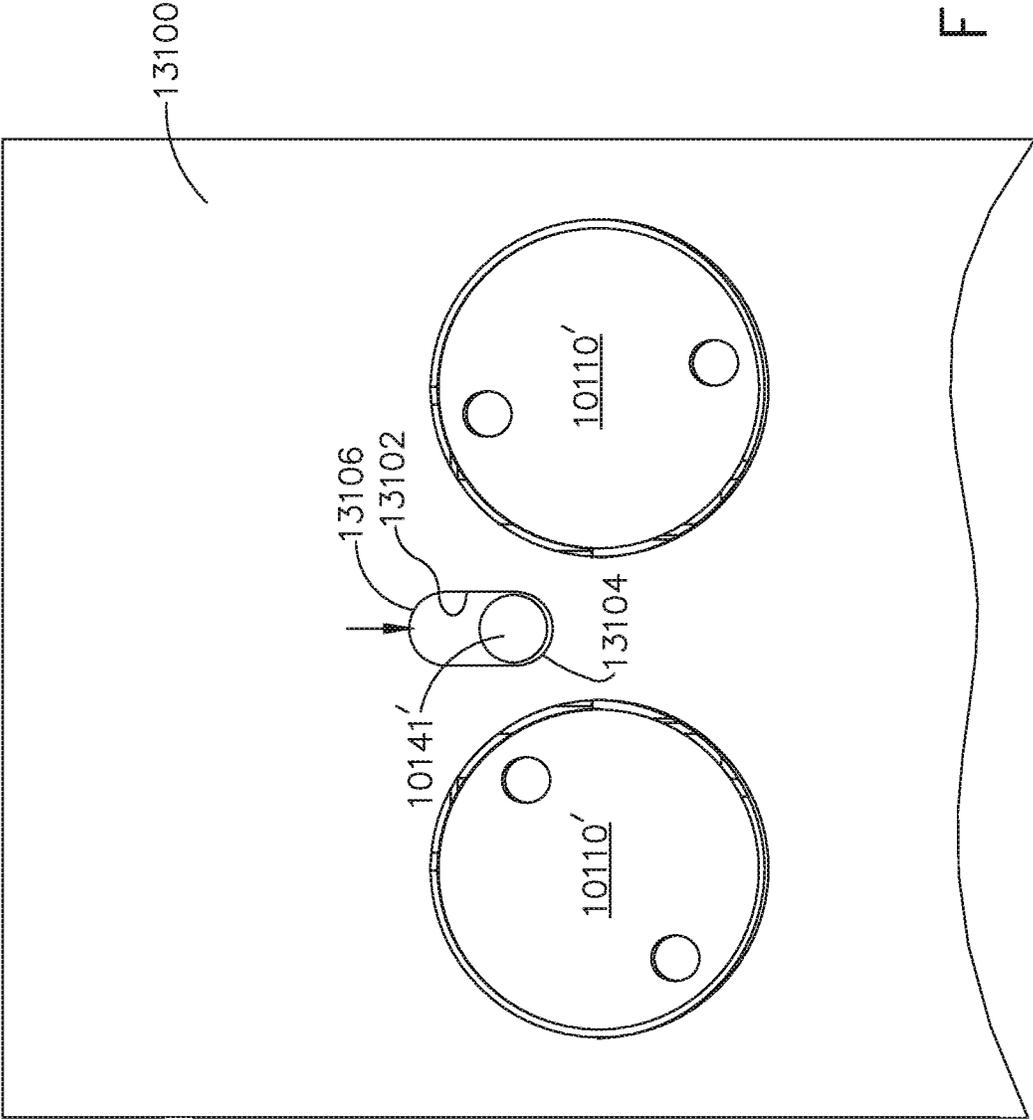


FIG. 86

**METHOD FOR DETERMINING THE  
POSITION OF A ROTATABLE JAW OF A  
SURGICAL INSTRUMENT ATTACHMENT  
ASSEMBLY**

CROSS-REFERENCE TO RELATED  
APPLICATION

This application is a continuation application claiming priority under 35 U.S.C. § 120 to U.S. patent application Ser. No. 15/847,306, entitled METHOD FOR DETERMINING THE POSITION OF A ROTATABLE JAW OF A SURGICAL INSTRUMENT ATTACHMENT ASSEMBLY, filed Dec. 19, 2017, now U.S. Patent Application Publication No. 2019/0183592, the entire disclosure of which is hereby incorporated by reference herein.

BACKGROUND

The present invention relates to surgical instruments and, in various arrangements, to surgical stapling and cutting instruments and staple cartridges for use therewith that are designed to staple and cut tissue.

BRIEF DESCRIPTION OF THE DRAWINGS

Various features of the embodiments described herein, together with advantages thereof, may be understood in accordance with the following description taken in conjunction with the accompanying drawings as follows:

FIG. 1 is a perspective view of an example of one form of robotic controller according to one aspect of this disclosure;

FIG. 2 is a perspective view of an example of one form of robotic surgical arm cart/manipulator of a robotic surgical system operably supporting a plurality of surgical tool according to one aspect of this disclosure;

FIG. 3 is a side view of the robotic surgical arm cart/manipulator depicted in FIG. 2 according to one aspect of this disclosure;

FIG. 4 is a rear perspective view of a surgical tool embodiment according to one aspect of this disclosure;

FIG. 5 is a perspective view of a distal portion of the surgical tool of FIG. 4 in an articulated position with the anvil thereof in an open position;

FIG. 6 is an exploded assembly perspective view of a distal portion of the surgical tool of FIGS. 4 and 5;

FIG. 7 is a cross-sectional perspective view of a portion of an elongate shaft assembly of the surgical tool of FIGS. 4-6;

FIG. 8 is a rear perspective view of a portion of a surgical end effector and articulation joint of the surgical tool of FIGS. 4-7;

FIG. 9 is a cross-sectional top view of portions of the surgical end effector and elongate shaft assembly of the surgical tool of FIGS. 4-8;

FIG. 10 is a top view of portions of an articulation system and the surgical end effector of the surgical tool of FIGS. 4-9 wherein the surgical end effector is in an articulated configuration;

FIG. 11 is another top view of portions of the articulation system and the surgical end effector of the surgical tool of FIGS. 4-10 wherein the surgical end effector is in an unarticulated configuration;

FIG. 12 is another top view of portions of the articulation system and the surgical end effector of the surgical tool of FIGS. 4-11 wherein the surgical end effector is in an unarticulated configuration;

FIG. 13 is another top view of portions of the articulation system and the surgical end effector of the surgical tool of FIGS. 4-12 wherein the surgical end effector has been articulated to the left;

FIG. 14 is another top view of portions of the articulation system and the surgical end effector of the surgical tool of FIGS. 4-13 wherein the surgical end effector has been articulated to the right;

FIG. 15 is another top view of portions of the articulation system and the surgical end effector of the surgical tool of FIGS. 4-14 wherein the surgical end effector has been articulated to the left;

FIG. 16 is a perspective view of a portion of the elongate shaft assembly of the surgical tool of FIGS. 4-15 with the proximal coupler portions thereof in their respective neutral coupling positions;

FIG. 17 is a cross-sectional side view of a portion of the elongate shaft assembly of FIG. 16;

FIG. 18 is a perspective view of a proximal end portion of the surgical tool of FIGS. 4-15;

FIG. 19 is a cross-sectional side view of the proximal portion of the surgical tool of FIG. 18;

FIG. 20 is a side elevational view of a proximal end of the elongate shaft assembly of FIGS. 16 and 17 and a spacing lock embodiment shown in cross-section and in a locked position;

FIG. 21 is a cross-sectional end view of the elongate shaft assembly and spacing lock of FIG. 20 taken along line 21-21 in FIG. 20;

FIG. 22 is an exploded side assembly view of a portion of a surgical tool and a controller interface comprising a handheld surgical system;

FIG. 23 is an exploded perspective assembly view of the surgical tool and handheld surgical system of FIG. 22;

FIG. 24 is a cross-sectional view of a proximal portion of the surgical tool attached to the handheld surgical system of FIGS. 22 and 23;

FIG. 25 is another cross-sectional view of a portion of the surgical tool and handheld surgical system of FIG. 24;

FIG. 26 is a side elevational view of a proximal end of the elongate shaft assembly and spacing lock of FIG. 20 with the spacing lock shown in cross-section and in an unlocked position;

FIG. 27 is a cross-sectional end view of the elongate shaft assembly and spacing lock of FIG. 26 taken along line 27-27 in FIG. 26;

FIG. 28 is an exploded perspective assembly view of a portion of the surgical tool of FIGS. 4-15 and a second controller interface comprising a tool holder portion of a robotically-controlled system according to one aspect of this disclosure;

FIG. 29 is a cross-sectional view of a portion of the surgical tool of FIG. 28 attached to the tool holder portion of FIG. 28;

FIG. 30 is a perspective view of a surgical instrument assembly comprising a sterile adapter, a control assembly, and a shaft assembly;

FIG. 31 is a bottom perspective view of the surgical instrument assembly of FIG. 30;

FIG. 32 is a bottom plan view of the sterile adapter of the surgical instrument assembly of FIG. 30, wherein the sterile adapter comprises a plurality of drive inputs;

FIG. 33 is a partially exploded view of the surgical instrument assembly of FIG. 30;

FIG. 34 is perspective view of the sterile adapter and the control assembly of the surgical instrument assembly of FIG. 30;

FIG. 35 is a partial cross-sectional view of the control assembly of the surgical instrument assembly of FIG. 30;

FIG. 36 is a cross-sectional view of the control assembly and the sterile adapter of the surgical instrument assembly of FIG. 30;

FIG. 37 is a perspective view of the control assembly of the surgical instrument assembly of FIG. 30 with various components removed for the purpose of illustration;

FIG. 38 is a perspective view of the shaft assembly and various components of the control assembly of the surgical instrument assembly of FIG. 30;

FIG. 39 is a detailed view of the shaft assembly and articulation drive components of the control assembly of the surgical instrument assembly of FIG. 30;

FIG. 40 is a partially exploded view of the control assembly and the sterile adapter of the surgical instrument assembly of FIG. 30;

FIG. 41 is a partial, cross-sectional perspective view of a portion of the shaft assembly of the surgical instrument assembly of FIG. 30;

FIG. 42 is a detailed view of articulation drivers of the control assembly of the surgical instrument assembly of FIG. 30;

FIG. 43 is a perspective view of the shaft assembly of the surgical instrument assembly of FIG. 30;

FIG. 44 is a partial perspective view of the shaft assembly of the surgical instrument assembly of FIG. 30 and various components of an articulation drive system of the control assembly illustrated with some components removed for the purpose of illustration;

FIG. 45 is a partial plan view of the surgical instrument assembly of FIG. 30 highlighting various components within the surgical instrument assembly of FIG. 30;

FIG. 46 is a partial plan view of the surgical instrument assembly of FIG. 30 highlighting various components within the surgical instrument assembly of FIG. 30;

FIG. 47 is a plan view of the shaft assembly of the surgical instrument assembly of FIG. 30 illustrated in an unarticulated configuration;

FIG. 48 is a plan view of the shaft assembly of the surgical instrument assembly of FIG. 30 illustrated in a first articulated configuration;

FIG. 49 is a plan view of the shaft assembly of the surgical instrument assembly of FIG. 30 illustrated in a second unarticulated configuration;

FIG. 50 is a partial perspective view of the surgical instrument assembly of FIG. 30 illustrated with some components removed for the purpose of illustration;

FIG. 51 is a detailed view of the shaft assembly and articulation drive components of the control assembly of the surgical instrument assembly of FIG. 30;

FIG. 52 is a partial perspective view of the surgical instrument assembly of FIG. 30 illustrated with some components removed for the purpose of illustration;

FIG. 53 is a plan view of the bottom of a closure drive system of the surgical instrument assembly of FIG. 30;

FIG. 54 is a perspective view of the bottom of the closure drive system of FIG. 53;

FIG. 55 is a partial cross-sectional view of a spiral cam gear and a closure body pin of the closure drive system of FIG. 53 illustrated in a fully unclamped configuration;

FIG. 56 is a partial cross-sectional view of the spiral cam gear and the closure body pin of the closure drive system of FIG. 55 illustrated in a partially clamped configuration;

FIG. 57 is a partial cross-sectional view of the spiral cam gear and the closure body pin of the closure drive system of FIG. 55 illustrated in a fully clamped configuration;

FIG. 58 is an elevational view of the closure drive system of FIG. 53 illustrated in the fully unclamped configuration of FIG. 55;

FIG. 59 is an elevational view of the closure drive system of FIG. 53 illustrated in the fully clamped configuration of FIG. 57;

FIG. 60 is a perspective view of a firing drive lock system of the surgical instrument assembly of FIG. 30 illustrated in a locked state;

FIG. 61 is a perspective view of the firing drive lock system of FIG. 60 illustrated in an unlocked state;

FIG. 62 is a top view of the firing drive lock system of FIG. 60 illustrated in the locked state;

FIG. 63 is a top view of the firing drive lock system of FIG. 60 illustrated in the unlocked state;

FIG. 64 is a partial cross-sectional view of the control assembly, the firing drive lock of FIG. 60, and the firing drive system of the surgical instrument assembly of FIG. 30;

FIG. 65 is a partial perspective view of a closure and firing lock system of the shaft assembly of the surgical instrument assembly of FIG. 30;

FIG. 66 is an exploded view of the dual closure and firing lock system of FIG. 65;

FIG. 67 is a partial cross-sectional view of the dual closure and firing lock system of FIG. 65 illustrated in configuration where a firing rod of the shaft assembly is locked;

FIG. 68 is a partial cross-sectional view of the dual closure and firing lock system of FIG. 65 illustrated in a configuration where the firing rod of FIG. 67 is unlocked;

FIG. 69 is a partial cross-sectional view of the dual closure and firing lock system of FIG. 65 illustrated in a configuration where the firing rod of FIG. 67 is unlocked and partially advanced and a closure tube of the shaft assembly is locked;

FIG. 70 is a perspective view of the control assembly and the sterile adapter of the surgical instrument assembly of FIG. 30, wherein the control assembly comprises a manually-operated closure drive actuator;

FIG. 71 is a perspective view of a firing bailout of the surgical instrument assembly of FIG. 30 illustrated with some components removed for the purpose of illustration;

FIG. 72 is a perspective view of the closure drive system of the FIG. 53, wherein the closure drive system comprises a closure drive bailout;

FIG. 73 is an elevational view of the closure drive system of FIG. 53, wherein the closure drive bailout is illustrated in a partially bailed out configuration;

FIG. 74 is an elevational view of the closure drive system of FIG. 53, wherein the closure drive bailout is illustrated in a fully bailed out configuration;

FIG. 75 is a partial elevational view of the surgical instrument assembly of FIG. 30 illustrated with some components removed for the purpose of illustration;

FIG. 76 is a cross-sectional view of the surgical instrument assembly of FIG. 30 taken along line 76-76 in FIG. 75;

FIG. 77 is a cross-sectional view of the surgical instrument assembly of FIG. 30, wherein the closure drive bailout of FIG. 72 is illustrated in the fully bailed out configuration;

FIG. 78 is a plan view of a closure drive system comprising two different drive input arrangements and a spiral cam gear;

FIG. 79 is a perspective view of the closure drive system of FIG. 78;

FIG. 80 is a plan view of a closure drive system comprising two different drive input arrangements and a spiral cam gear;

FIG. 81 is a perspective view of the closure drive system of FIG. 80;

FIG. 82 is a graph representing a cam-gear-output-based closure drive system utilizing dissimilar drive input arrangements;

FIG. 83 is a graph representing a relationship between an angle of a cam gear output and a difference in angles of the dissimilar drive input arrangements of FIG. 82;

FIG. 84 is a perspective view of a closure drive system utilizing various components of the closure drive system of the surgical instrument assembly of FIG. 30;

FIG. 85 is a perspective view of the closure drive system of FIG. 84; and

FIG. 86 is a plan view of the bottom of the closure drive system of FIG. 84.

Corresponding reference characters indicate corresponding parts throughout the several views. The exemplifications set out herein illustrate various embodiments of the invention, in one form, and such exemplifications are not to be construed as limiting the scope of the invention in any manner.

DETAILED DESCRIPTION

Applicant of the present application owns the following U.S. patent applications that were filed on Dec. 19, 2017 and which are each herein incorporated by reference in their respective entirety:

U.S. patent application Ser. No. 15/847,297, entitled SURGICAL INSTRUMENTS WITH DUAL ARTICULATION DRIVERS, now U.S. Patent Application Publication No. 2019/0183504;

U.S. patent application Ser. No. 15/847,325, entitled SURGICAL TOOLS CONFIGURED FOR INTERCHANGEABLE USE WITH DIFFERENT CONTROLLER INTERFACES, now U.S. Patent Application Publication No. 2019/0183491;

U.S. patent application Ser. No. 15/847,293, entitled SURGICAL INSTRUMENT COMPRISING CLOSURE AND FIRING LOCKING MECHANISM; now U.S. Patent Application Publication No. 2019/0183597;

U.S. patent application Ser. No. 15/847,315, entitled ROBOTIC ATTACHMENT COMPRISING EXTERIOR DRIVE ACTUATOR, now U.S. Patent Application Publication No. 2019/0183594; and

U.S. Design patent application Ser. No. 29/630,115, entitled SURGICAL INSTRUMENT ASSEMBLY.

Applicant of the present application owns the following U.S. patent applications that were filed on Dec. 15, 2017 and which are each herein incorporated by reference in their respective entirety:

U.S. patent application Ser. No. 15/843,485, entitled SEALED ADAPTERS FOR USE WITH ELECTROMECHANICAL SURGICAL INSTRUMENTS, now U.S. Patent Application Publication No. 2019/0183492;

U.S. patent application Ser. No. 15/843,518, entitled END EFFECTORS WITH POSITIVE JAW OPENING FEATURES FOR USE WITH ADAPTERS FOR ELECTROMECHANICAL SURGICAL INSTRUMENTS, now U.S. Patent Application Publication No. 2019/0183496;

U.S. patent application Ser. No. 15/843,535, entitled SURGICAL END EFFECTORS WITH CLAMPING ASSEMBLIES CONFIGURED TO INCREASE JAW

APERTURE RANGES, now U.S. Patent Application Publication No. 2019/0183498;

U.S. patent application Ser. No. 15/843,558, entitled SURGICAL END EFFECTORS WITH PIVOTAL JAWS CONFIGURED TO TOUCH AT THEIR RESPECTIVE DISTAL ENDS WHEN FULLY CLOSED, now U.S. Patent Application Publication No. 2019/0183499;

U.S. patent application Ser. No. 15/843,528, entitled SURGICAL END EFFECTORS WITH JAW STIFFENER ARRANGEMENTS CONFIGURED TO PERMIT MONITORING OF FIRING MEMBER, now U.S. Patent Application Publication No. 2019/0183497;

U.S. patent application Ser. No. 15/843,567, entitled ADAPTERS WITH END EFFECTOR POSITION SENSING AND CONTROL ARRANGEMENTS FOR USE IN CONNECTION WITH ELECTROMECHANICAL SURGICAL INSTRUMENTS, now U.S. Patent Application Publication No. 2019/0183500;

U.S. patent application Ser. No. 15/843,556, entitled DYNAMIC CLAMPING ASSEMBLIES WITH IMPROVED WEAR CHARACTERISTICS FOR USE IN CONNECTION WITH ELECTROMECHANICAL SURGICAL INSTRUMENTS, now U.S. Patent Application Publication No. 2019/0183490;

U.S. patent application Ser. No. 15/843,514, entitled ADAPTERS WITH FIRING STROKE SENSING ARRANGEMENTS FOR USE IN CONNECTION WITH ELECTROMECHANICAL SURGICAL INSTRUMENTS, now U.S. Patent Application Publication No. 2019/0183495;

U.S. patent application Ser. No. 15/843,501, entitled ADAPTERS WITH CONTROL SYSTEMS FOR CONTROLLING MULTIPLE MOTORS OF AN ELECTROMECHANICAL SURGICAL INSTRUMENT, now U.S. Patent Application Publication No. 2019/0183493;

U.S. patent application Ser. No. 15/843,508, entitled HANDHELD ELECTROMECHANICAL SURGICAL INSTRUMENTS WITH IMPROVED MOTOR CONTROL ARRANGEMENTS FOR POSITIONING COMPONENTS OF AN ADAPTER COUPLED THERETO, now U.S. Patent Application Publication No. 2019/0183494;

U.S. patent application Ser. No. 15/843,682, entitled SYSTEMS AND METHODS OF CONTROLLING A CLAMPING MEMBER FIRING RATE OF A SURGICAL INSTRUMENT, now U.S. Patent Application Publication No. 2019/0183501;

U.S. patent application Ser. No. 15/843,689, entitled SYSTEMS AND METHODS OF CONTROLLING A CLAMPING MEMBER, now U.S. Patent Application Publication No. 2019/0183502; and

U.S. patent application Ser. No. 15/843,704, entitled METHODS OF OPERATING SURGICAL END EFFECTORS, now U.S. Patent Application Publication No. 2019/0183503.

Applicant of the present application owns the following U.S. patent applications that were filed on Jun. 29, 2017 and which are each herein incorporated by reference in their respective entirety:

U.S. patent application Ser. No. 15/636,829, entitled CLOSED LOOP VELOCITY CONTROL TECHNIQUES FOR ROBOTIC SURGICAL INSTRUMENT, now U.S. Patent Application Publication No. 2019/0000446;

U.S. patent application Ser. No. 15/636,837, entitled CLOSED LOOP VELOCITY CONTROL TECHNIQUES BASED ON SENSED TISSUE PARAMETERS FOR ROBOTIC SURGICAL INSTRUMENT, now U.S. Patent Application Publication No. 2019/0000565;

U.S. patent application Ser. No. 15/636,844, entitled CLOSED LOOP VELOCITY CONTROL OF CLOSURE MEMBER FOR ROBOTIC SURGICAL INSTRUMENT, now U.S. Pat. No. 10,398,434;

U.S. patent application Ser. No. 15/636,854, entitled ROBOTIC SURGICAL INSTRUMENT WITH CLOSED LOOP FEEDBACK TECHNIQUES FOR ADVANCEMENT OF CLOSURE MEMBER DURING FIRING, now U.S. Patent Application Publication No. 2019/0000448; and

U.S. patent application Ser. No. 15/636,858, entitled SYSTEM FOR CONTROLLING ARTICULATION FORCES, now U.S. Pat. No. 10,258,418.

Applicant of the present application owns the following U.S. patent applications that were filed on Jun. 28, 2017 and which are each herein incorporated by reference in their respective entireties:

U.S. patent application Ser. No. 15/635,693, entitled SURGICAL INSTRUMENT COMPRISING AN OFFSET ARTICULATION JOINT, now U.S. Patent Application Publication No. 2019/0000466;

U.S. patent application Ser. No. 15/635,729, entitled SURGICAL INSTRUMENT COMPRISING AN ARTICULATION SYSTEM RATIO, now U.S. Patent Application Publication No. 2019/0000467;

U.S. patent application Ser. No. 15/635,785, entitled SURGICAL INSTRUMENT COMPRISING AN ARTICULATION SYSTEM RATIO, now U.S. Patent Application Publication No. 2019/0000469;

U.S. patent application Ser. No. 15/635,808, entitled SURGICAL INSTRUMENT COMPRISING FIRING MEMBER SUPPORTS, now U.S. Patent Application Publication No. 2019/0000471;

U.S. patent application Ser. No. 15/635,837, entitled SURGICAL INSTRUMENT COMPRISING AN ARTICULATION SYSTEM LOCKABLE TO A FRAME, now U.S. Patent Application Publication No. 2019/0000472;

U.S. patent application Ser. No. 15/635,941, entitled SURGICAL INSTRUMENT COMPRISING AN ARTICULATION SYSTEM LOCKABLE BY A CLOSURE SYSTEM, now U.S. Patent Application Publication No. 2019/0000473;

U.S. patent application Ser. No. 15/636,029, entitled SURGICAL INSTRUMENT COMPRISING A SHAFT INCLUDING A HOUSING ARRANGEMENT, now U.S. Patent Application Publication No. 2019/0000477;

U.S. patent application Ser. No. 15/635,958, entitled SURGICAL INSTRUMENT COMPRISING SELECTIVELY ACTUATABLE ROTATABLE COUPLERS, now U.S. Patent Application Publication No. 2019/0000474;

U.S. patent application Ser. No. 15/635,981, entitled SURGICAL STAPLING INSTRUMENTS COMPRISING SHORTENED STAPLE CARTRIDGE NOSES, now U.S. Patent Application Publication No. 2019/0000475;

U.S. patent application Ser. No. 15/636,009, entitled SURGICAL INSTRUMENT COMPRISING A

SHAFT INCLUDING A CLOSURE TUBE PROFILE, now U.S. Patent Application Publication No. 2019/0000476;

U.S. patent application Ser. No. 15/635,663, entitled METHOD FOR ARTICULATING A SURGICAL INSTRUMENT, now U.S. Patent Application Publication No. 2019/0000465;

U.S. patent application Ser. No. 15/635,530, entitled SURGICAL INSTRUMENTS WITH ARTICULABLE END EFFECTOR WITH AXIALLY SHORTENED ARTICULATION JOINT CONFIGURATIONS, now U.S. Patent Application Publication No. 2019/0000457;

U.S. patent application Ser. No. 15/635,549, entitled SURGICAL INSTRUMENTS WITH OPEN AND CLOSABLE JAWS AND AXIALLY MOVABLE FIRING MEMBER THAT IS INITIALLY PARKED IN CLOSE PROXIMITY TO THE JAWS PRIOR TO FIRING, now U.S. Pat. No. 10,588,633;

U.S. patent application Ser. No. 15/635,559, entitled SURGICAL INSTRUMENTS WITH JAWS CONSTRAINED TO PIVOT ABOUT AN AXIS UPON CONTACT WITH A CLOSURE MEMBER THAT IS PARKED IN CLOSE PROXIMITY TO THE PIVOT AXIS, now U.S. Patent Application Publication No. 2019/0000459;

U.S. patent application Ser. No. 15/635,578, entitled SURGICAL END EFFECTORS WITH IMPROVED JAW APERTURE ARRANGEMENTS, now U.S. Patent Application Publication No. 2019/0000460;

U.S. patent application Ser. No. 15/635,594, entitled SURGICAL CUTTING AND FASTENING DEVICES WITH PIVOTABLE ANVIL WITH A TISSUE LOCATING ARRANGEMENT IN CLOSE PROXIMITY TO AN ANVIL PIVOT, now U.S. Patent Application Publication No. 2019/0000461;

U.S. patent application Ser. No. 15/635,612, entitled JAW RETAINER ARRANGEMENT FOR RETAINING A PIVOTABLE SURGICAL INSTRUMENT JAW IN PIVOTABLE RETAINING ENGAGEMENT WITH A SECOND SURGICAL INSTRUMENT JAW, now U.S. Patent Application Publication No. 2019/0000462;

U.S. patent application Ser. No. 15/635,621, entitled SURGICAL INSTRUMENT WITH POSITIVE JAW OPENING FEATURES, now U.S. Patent Application Publication No. 2019/0000463;

U.S. patent application Ser. No. 15/635,631, entitled SURGICAL INSTRUMENT WITH AXIALLY MOVABLE CLOSURE MEMBER, now U.S. Patent Application Publication No. 2019/0000464;

U.S. patent application Ser. No. 15/635,521, entitled SURGICAL INSTRUMENT LOCKOUT ARRANGEMENT, now U.S. Patent Application Publication No. 2019/0000456;

U.S. Design patent application Ser. No. 29/609,087, entitled STAPLE FORMING ANVIL, now U.S. Design Pat. No. D851,087;

U.S. Design patent application Ser. No. 29/609,083, entitled SURGICAL INSTRUMENT SHAFT, now U.S. Design Pat. No. D854,151; and

U.S. Design patent application Ser. No. 29/609,093, entitled SURGICAL FASTENER CARTRIDGE, now U.S. Design Pat. No. D869,655.

Applicant of the present application owns the following U.S. patent applications that were filed on Jun. 27, 2017 and which are each herein incorporated by reference in their respective entirety:

- U.S. patent application Ser. No. 15/634,024, entitled 5  
SURGICAL ANVIL MANUFACTURING METH-  
ODS, now U.S. Patent Application Publication No.  
2018/0368839;
- U.S. patent application Ser. No. 15/634,035, entitled  
SURGICAL ANVIL ARRANGEMENTS, now U.S. 10  
Patent Application Publication No. 2018/0368840;
- U.S. patent application Ser. No. 15/634,046, entitled  
SURGICAL ANVIL ARRANGEMENTS, now U.S.  
Patent Application Publication No. 2018/0368841;
- U.S. patent application Ser. No. 15/634,054, entitled 15  
SURGICAL ANVIL ARRANGEMENTS, now U.S.  
Patent Application Publication No. 2018/0368842;
- U.S. patent application Ser. No. 15/634,068, entitled  
SURGICAL FIRING MEMBER ARRANGEMENTS,  
now U.S. Patent Application Publication No. 2018/ 20  
0368843;
- U.S. patent application Ser. No. 15/634,076, entitled  
STAPLE FORMING POCKET ARRANGEMENTS,  
now U.S. Patent Application Publication No. 2018/ 25  
0368844;
- U.S. patent application Ser. No. 15/634,090, entitled  
STAPLE FORMING POCKET ARRANGEMENTS,  
now U.S. Patent Application Publication No. 2018/ 30  
0368845;
- U.S. patent application Ser. No. 15/634,099, entitled 35  
SURGICAL END EFFECTORS AND ANVILS, now  
U.S. Patent Application Publication No. 2018/ 40  
0368846; and
- U.S. patent application Ser. No. 15/634,117, entitled  
ARTICULATION SYSTEMS FOR SURGICAL 35  
INSTRUMENTS, now U.S. Patent Application Publi-  
cation No. 2018/0368847.

Applicant of the present application owns the following U.S. patent applications that were filed on Dec. 21, 2016 and which are each herein incorporated by reference in their respective entirety:

- U.S. patent application Ser. No. 15/386,185, entitled  
SURGICAL STAPLING INSTRUMENTS AND 45  
REPLACEABLE TOOL ASSEMBLIES THEREOF,  
now U.S. Patent Application Publication No. 2018/ 50  
0168642;
- U.S. patent application Ser. No. 15/386,230, entitled  
ARTICULATABLE SURGICAL STAPLING  
INSTRUMENTS, now U.S. Patent Application Publi-  
cation No. 2018/0168649; 50
- U.S. patent application Ser. No. 15/386,221, entitled  
LOCKOUT ARRANGEMENTS FOR SURGICAL  
END EFFECTORS, now U.S. Patent Application Publi-  
cation No. 2018/0168646;
- U.S. patent application Ser. No. 15/386,209, entitled 55  
SURGICAL END EFFECTORS AND FIRING MEM-  
BERS THEREOF, now U.S. Pat. No. 10,588,632;
- U.S. patent application Ser. No. 15/386,198, entitled  
LOCKOUT ARRANGEMENTS FOR SURGICAL  
END EFFECTORS AND REPLACEABLE TOOL 60  
ASSEMBLIES, now U.S. Pat. No. 10,610,224;
- U.S. patent application Ser. No. 15/386,240, entitled  
SURGICAL END EFFECTORS AND ADAPTABLE  
FIRING MEMBERS THEREFOR, now U.S. Patent  
Application Publication No. 2018/0168651; 65
- U.S. patent application Ser. No. 15/385,939, entitled  
STAPLE CARTRIDGES AND ARRANGEMENTS

- OF STAPLES AND STAPLE CAVITIES THEREIN,  
now U.S. Patent Application Publication No. 2018/ 5  
0168629;
- U.S. patent application Ser. No. 15/385,941, entitled  
SURGICAL TOOL ASSEMBLIES WITH CLUTCH-  
ING ARRANGEMENTS FOR SHIFTING  
BETWEEN CLOSURE SYSTEMS WITH CLOSURE  
STROKE REDUCTION FEATURES AND ARTICU-  
LATION AND FIRING SYSTEMS, now U.S. Patent  
Application Publication No. 2018/0168630;
- U.S. patent application Ser. No. 15/385,943, entitled  
SURGICAL STAPLING INSTRUMENTS AND  
STAPLE-FORMING ANVILS, now U.S. Patent Appli-  
cation Publication No. 2018/0168631;
- U.S. patent application Ser. No. 15/385,950, entitled  
SURGICAL TOOL ASSEMBLIES WITH CLOSURE  
STROKE REDUCTION FEATURES, now U.S. Pat.  
No. 10,588,630;
- U.S. patent application Ser. No. 15/385,945, entitled  
STAPLE CARTRIDGES AND ARRANGEMENTS  
OF STAPLES AND STAPLE CAVITIES THEREIN,  
now U.S. Patent Application Publication No. 2018/ 10  
0168632;
- U.S. patent application Ser. No. 15/385,946, entitled  
SURGICAL STAPLING INSTRUMENTS AND  
STAPLE-FORMING ANVILS, now U.S. Patent Appli-  
cation Publication No. 2018/0168633;
- U.S. patent application Ser. No. 15/385,951, entitled  
SURGICAL INSTRUMENTS WITH JAW OPENING  
FEATURES FOR INCREASING A JAW OPENING  
DISTANCE, now U.S. Pat. No. 10,568,626;
- U.S. patent application Ser. No. 15/385,953, entitled  
METHODS OF STAPLING TISSUE, now U.S. Patent  
Application Publication No. 2018/0168637;
- U.S. patent application Ser. No. 15/385,954, entitled  
FIRING MEMBERS WITH NON-PARALLEL JAW  
ENGAGEMENT FEATURES FOR SURGICAL END  
EFFECTORS, now U.S. Patent Application Publica-  
tion No. 2018/0168638;
- U.S. patent application Ser. No. 15/385,955, entitled  
SURGICAL END EFFECTORS WITH EXPAND-  
ABLE TISSUE STOP ARRANGEMENTS, now U.S.  
Patent Application Publication No. 2018/0168639;
- U.S. patent application Ser. No. 15/385,948, entitled  
SURGICAL STAPLING INSTRUMENTS AND  
STAPLE-FORMING ANVILS, now U.S. Patent Appli-  
cation Publication No. 2018/0168584;
- U.S. patent application Ser. No. 15/385,956, entitled  
SURGICAL INSTRUMENTS WITH POSITIVE JAW  
OPENING FEATURES, now U.S. Pat. No. 10,588,  
631;
- U.S. patent application Ser. No. 15/385,958, entitled  
SURGICAL INSTRUMENTS WITH LOCKOUT  
ARRANGEMENTS FOR PREVENTING FIRING  
SYSTEM ACTUATION UNLESS AN UNSPENT  
STAPLE CARTRIDGE IS PRESENT, now U.S. Patent  
Application Publication No. 2018/0168641;
- U.S. patent application Ser. No. 15/385,947, entitled  
STAPLE CARTRIDGES AND ARRANGEMENTS  
OF STAPLES AND STAPLE CAVITIES THEREIN,  
now U.S. Pat. No. 10,568,625;
- U.S. patent application Ser. No. 15/385,896, entitled  
METHOD FOR RESETTING A FUSE OF A SURGI-  
CAL INSTRUMENT SHAFT, now U.S. Patent Appli-  
cation Publication No. 2018/0168597;
- U.S. patent application Ser. No. 15/385,898, entitled  
STAPLE FORMING POCKET ARRANGEMENT TO

ACCOMMODATE DIFFERENT TYPES OF STAPLES, now U.S. Pat. No. 10,537,325;

U.S. patent application Ser. No. 15/385,899, entitled SURGICAL INSTRUMENT COMPRISING IMPROVED JAW CONTROL, now U.S. Patent Application Publication No. 2018/0168600;

U.S. patent application Ser. No. 15/385,901, entitled STAPLE CARTRIDGE AND STAPLE CARTRIDGE CHANNEL COMPRISING WINDOWS DEFINED THEREIN, now U.S. Patent Application Publication No. 2018/0168602;

U.S. patent application Ser. No. 15/385,902, entitled SURGICAL INSTRUMENT COMPRISING A CUTTING MEMBER, now U.S. Patent Application Publication No. 2018/0168603;

U.S. patent application Ser. No. 15/385,904, entitled STAPLE FIRING MEMBER COMPRISING A MISSING CARTRIDGE AND/OR SPENT CARTRIDGE LOCKOUT, now U.S. Patent Application Publication No. 2018/0168605;

U.S. patent application Ser. No. 15/385,905, entitled FIRING ASSEMBLY COMPRISING A LOCKOUT, now U.S. Patent Application Publication No. 2018/0168606;

U.S. patent application Ser. No. 15/385,907, entitled SURGICAL INSTRUMENT SYSTEM COMPRISING AN END EFFECTOR LOCKOUT AND A FIRING ASSEMBLY LOCKOUT, now U.S. Patent Application Publication No. 2018/0168608;

U.S. patent application Ser. No. 15/385,908, entitled FIRING ASSEMBLY COMPRISING A FUSE, now U.S. Patent Application Publication No. 2018/0168609;

U.S. patent application Ser. No. 15/385,909, entitled FIRING ASSEMBLY COMPRISING A MULTIPLE FAILED-STATE FUSE, now U.S. Patent Application Publication No. 2018/0168610;

U.S. patent application Ser. No. 15/385,920, entitled STAPLE FORMING POCKET ARRANGEMENTS, now U.S. Pat. No. 10,499,914;

U.S. patent application Ser. No. 15/385,913, entitled ANVIL ARRANGEMENTS FOR SURGICAL STAPLE/FASTENERS, now U.S. Patent Application Publication No. 2018/0168614;

U.S. patent application Ser. No. 15/385,914, entitled METHOD OF DEFORMING STAPLES FROM TWO DIFFERENT TYPES OF STAPLE CARTRIDGES WITH THE SAME SURGICAL STAPLING INSTRUMENT, now U.S. Patent Application Publication No. 2018/0168615;

U.S. patent application Ser. No. 15/385,893, entitled BILATERALLY ASYMMETRIC STAPLE FORMING POCKET PAIRS, now U.S. Patent Application Publication No. 2018/0168594;

U.S. patent application Ser. No. 15/385,929, entitled CLOSURE MEMBERS WITH CAM SURFACE ARRANGEMENTS FOR SURGICAL INSTRUMENTS WITH SEPARATE AND DISTINCT CLOSURE AND FIRING SYSTEMS, now U.S. Patent Application Publication No. 2018/0168626;

U.S. patent application Ser. No. 15/385,911, entitled SURGICAL STAPLE/FASTENERS WITH INDEPENDENTLY ACTUATABLE CLOSING AND FIRING SYSTEMS, now U.S. Pat. No. 10,448,950;

U.S. patent application Ser. No. 15/385,927, entitled SURGICAL STAPLING INSTRUMENTS WITH

SMART STAPLE CARTRIDGES, now U.S. Patent Application Publication No. 2018/0168625;

U.S. patent application Ser. No. 15/385,917, entitled STAPLE CARTRIDGE COMPRISING STAPLES WITH DIFFERENT CLAMPING BREADTHS, now U.S. Patent Application Publication No. 2018/0168617;

U.S. patent application Ser. No. 15/385,900, entitled STAPLE FORMING POCKET ARRANGEMENTS COMPRISING PRIMARY SIDEWALLS AND POCKET SIDEWALLS, now U.S. Patent Application Publication No. 2018/0168601;

U.S. patent application Ser. No. 15/385,931, entitled NO-CARTRIDGE AND SPENT CARTRIDGE LOCKOUT ARRANGEMENTS FOR SURGICAL STAPLE/FASTENERS, now U.S. Patent Application Publication No. 2018/0168627;

U.S. patent application Ser. No. 15/385,915, entitled FIRING MEMBER PIN ANGLE, now U.S. Patent Application Publication No. 2018/0168616;

U.S. patent application Ser. No. 15/385,897, entitled STAPLE FORMING POCKET ARRANGEMENTS COMPRISING ZONED FORMING SURFACE GROOVES, now U.S. Patent Application Publication No. 2018/0168598;

U.S. patent application Ser. No. 15/385,922, entitled SURGICAL INSTRUMENT WITH MULTIPLE FAILURE RESPONSE MODES, now U.S. Pat. No. 10,426,471;

U.S. patent application Ser. No. 15/385,924, entitled SURGICAL INSTRUMENT WITH PRIMARY AND SAFETY PROCESSORS, now U.S. Patent Application Publication No. 2018/0168624;

U.S. patent application Ser. No. 15/385,912, entitled SURGICAL INSTRUMENTS WITH JAWS THAT ARE PIVOTABLE ABOUT A FIXED AXIS AND INCLUDE SEPARATE AND DISTINCT CLOSURE AND FIRING SYSTEMS, now U.S. Pat. No. 10,568,624;

U.S. patent application Ser. No. 15/385,910, entitled ANVIL HAVING A KNIFE SLOT WIDTH, now U.S. Pat. No. 10,485,543;

U.S. patent application Ser. No. 15/385,906, entitled FIRING MEMBER PIN CONFIGURATIONS, now U.S. Patent Application Publication No. 2018/0168607;

U.S. patent application Ser. No. 15/386,188, entitled STEPPED STAPLE CARTRIDGE WITH ASYMMETRICAL STAPLES, now U.S. Pat. No. 10,537,324;

U.S. patent application Ser. No. 15/386,192, entitled STEPPED STAPLE CARTRIDGE WITH TISSUE RETENTION AND GAP SETTING FEATURES, now U.S. Patent Application Publication No. 2018/0168643;

U.S. patent application Ser. No. 15/386,206, entitled STAPLE CARTRIDGE WITH DEFORMABLE DRIVER RETENTION FEATURES, now U.S. Patent Application Publication No. 2018/0168586;

U.S. patent application Ser. No. 15/386,226, entitled DURABILITY FEATURES FOR END EFFECTORS AND FIRING ASSEMBLIES OF SURGICAL STAPLING INSTRUMENTS, now U.S. Patent Application Publication No. 2018/0168648;

U.S. patent application Ser. No. 15/386,222, entitled SURGICAL STAPLING INSTRUMENTS HAVING

END EFFECTORS WITH POSITIVE OPENING FEATURES, now U.S. Patent Application Publication No. 2018/0168647;

U.S. patent application Ser. No. 15/386,236, entitled CONNECTION PORTIONS FOR DISPOSABLE LOADING UNITS FOR SURGICAL STAPLING INSTRUMENTS, now U.S. Patent Application Publication No. 2018/0168650;

U.S. patent application Ser. No. 15/385,887, entitled METHOD FOR ATTACHING A SHAFT ASSEMBLY TO A SURGICAL INSTRUMENT AND, ALTERNATIVELY, TO A SURGICAL ROBOT, now U.S. Patent Application Publication No. 2018/0168589;

U.S. patent application Ser. No. 15/385,889, entitled SHAFT ASSEMBLY COMPRISING A MANUALLY-OPERABLE RETRACTION SYSTEM FOR USE WITH A MOTORIZED SURGICAL INSTRUMENT SYSTEM, now U.S. Patent Application Publication No. 2018/0168590;

U.S. patent application Ser. No. 15/385,890, entitled SHAFT ASSEMBLY COMPRISING SEPARATELY ACTUATABLE AND RETRACTABLE SYSTEMS, now U.S. Patent Application Publication No. 2018/0168591;

U.S. patent application Ser. No. 15/385,891, entitled SHAFT ASSEMBLY COMPRISING A CLUTCH CONFIGURED TO ADAPT THE OUTPUT OF A ROTARY FIRING MEMBER TO TWO DIFFERENT SYSTEMS, now U.S. Patent Application Publication No. 2018/0168592;

U.S. patent application Ser. No. 15/385,892, entitled SURGICAL SYSTEM COMPRISING A FIRING MEMBER ROTATABLE INTO AN ARTICULATION STATE TO ARTICULATE AN END EFFECTOR OF THE SURGICAL SYSTEM, now U.S. Patent Application Publication No. 2018/0168593;

U.S. patent application Ser. No. 15/385,894, entitled SHAFT ASSEMBLY COMPRISING A LOCKOUT, now U.S. Pat. No. 10,492,785;

U.S. patent application Ser. No. 15/385,895, entitled SHAFT ASSEMBLY COMPRISING FIRST AND SECOND ARTICULATION LOCKOUTS, now U.S. Pat. No. 10,542,982;

U.S. patent application Ser. No. 15/385,916, entitled SURGICAL STAPLING SYSTEMS, now U.S. Patent Application Publication No. 2018/0168575;

U.S. patent application Ser. No. 15/385,918, entitled SURGICAL STAPLING SYSTEMS, now U.S. Patent Application Publication No. 2018/0168618;

U.S. patent application Ser. No. 15/385,919, entitled SURGICAL STAPLING SYSTEMS, now U.S. Patent Application Publication No. 2018/0168619;

U.S. patent application Ser. No. 15/385,921, entitled SURGICAL STAPLE/FASTENER CARTRIDGE WITH MOVABLE CAMMING MEMBER CONFIGURED TO DISENGAGE FIRING MEMBER LOCKOUT FEATURES;

U.S. patent application Ser. No. 15/385,923, entitled SURGICAL STAPLING SYSTEMS, now U.S. Patent Application Publication No. 2018/0168621;

U.S. patent application Ser. No. 15/385,925, entitled JAW ACTUATED LOCK ARRANGEMENTS FOR PREVENTING ADVANCEMENT OF A FIRING MEMBER IN A SURGICAL END EFFECTOR UNLESS AN UNFIRED CARTRIDGE IS INSTALLED IN THE END EFFECTOR, now U.S. Pat. No. 10,517,595;

U.S. patent application Ser. No. 15/385,926, entitled AXIALLY MOVABLE CLOSURE SYSTEM ARRANGEMENTS FOR APPLYING CLOSURE MOTIONS TO JAWS OF SURGICAL INSTRUMENTS, now U.S. Patent Application Publication No. 2018/0168577;

U.S. patent application Ser. No. 15/385,928, entitled PROTECTIVE COVER ARRANGEMENTS FOR A JOINT INTERFACE BETWEEN A MOVABLE JAW AND ACTUATOR SHAFT OF A SURGICAL INSTRUMENT, now U.S. Patent Application Publication No. 2018/0168578;

U.S. patent application Ser. No. 15/385,930, entitled SURGICAL END EFFECTOR WITH TWO SEPARATE COOPERATING OPENING FEATURES FOR OPENING AND CLOSING END EFFECTOR JAWS, now U.S. Patent Application Publication No. 2018/0168579;

U.S. patent application Ser. No. 15/385,932, entitled ARTICULATABLE SURGICAL END EFFECTOR WITH ASYMMETRIC SHAFT ARRANGEMENT, now U.S. Patent Application Publication No. 2018/0168628;

U.S. patent application Ser. No. 15/385,933, entitled ARTICULATABLE SURGICAL INSTRUMENT WITH INDEPENDENT PIVOTABLE LINKAGE DISTAL OF AN ARTICULATION LOCK, now U.S. Pat. No. 10,603,036;

U.S. patent application Ser. No. 15/385,934, entitled ARTICULATION LOCK ARRANGEMENTS FOR LOCKING AN END EFFECTOR IN AN ARTICULATED POSITION IN RESPONSE TO ACTUATION OF A JAW CLOSURE SYSTEM, now U.S. Pat. No. 10,582,928;

U.S. patent application Ser. No. 15/385,935, entitled LATERALLY ACTUATABLE ARTICULATION LOCK ARRANGEMENTS FOR LOCKING AN END EFFECTOR OF A SURGICAL INSTRUMENT IN AN ARTICULATED CONFIGURATION, now U.S. Pat. No. 10,524,789; and

U.S. patent application Ser. No. 15/385,936, entitled ARTICULATABLE SURGICAL INSTRUMENTS WITH ARTICULATION STROKE AMPLIFICATION FEATURES, now U.S. Pat. No. 10,517,596.

Applicant of the present application owns the following U.S. patent applications that were filed on Jun. 24, 2016 and which are each herein incorporated by reference in their respective entireties:

U.S. patent application Ser. No. 15/191,775, entitled STAPLE CARTRIDGE COMPRISING WIRE STAPLES AND STAMPED STAPLES, now U.S. Patent Application Publication No. 2017/0367695;

U.S. patent application Ser. No. 15/191,807, entitled STAPLING SYSTEM FOR USE WITH WIRE STAPLES AND STAMPED STAPLES, now U.S. Patent Application Publication No. 2017/0367696;

U.S. patent application Ser. No. 15/191,834, entitled STAMPED STAPLES AND STAPLE CARTRIDGES USING THE SAME;

U.S. patent application Ser. No. 15/191,788, entitled STAPLE CARTRIDGE COMPRISING OVERDRIVEN STAPLES, now U.S. Patent Application Publication No. 2017/0367698; and

U.S. patent application Ser. No. 15/191,818, entitled STAPLE CARTRIDGE COMPRISING OFFSET LONGITUDINAL STAPLE ROWS, now U.S. Patent Application Publication No. 2017/0367697.

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Applicant of the present application owns the following U.S. patent applications that were filed on Jun. 24, 2016 and which are each herein incorporated by reference in their respective entireties:

- U.S. Design patent application Ser. No. 29/569,218, 5  
entitled SURGICAL FASTENER, now U.S. Design  
Pat. No. D826,405;
- U.S. Design patent application Ser. No. 29/569,227,  
entitled SURGICAL FASTENER, now U.S. Design 10  
Pat. No. D822,206;
- U.S. Design patent application Ser. No. 29/569,259,  
entitled SURGICAL FASTENER CARTRIDGE, now  
U.S. Design Pat. No. D847,989; and
- U.S. Design patent application Ser. No. 29/569,264, 15  
entitled SURGICAL FASTENER CARTRIDGE, now  
U.S. Design Pat. No. D850,617.

Applicant of the present application owns the following patent applications that were filed on Apr. 1, 2016 and which are each herein incorporated by reference in their respective 20  
entirety:

- U.S. patent application Ser. No. 15/089,325, entitled  
METHOD FOR OPERATING A SURGICAL STA-  
PLING SYSTEM, now U.S. Patent Application Publi- 25  
cation No. 2017/0281171, now U.S. Patent Application  
Publication No. 2017/0281171;
- U.S. patent application Ser. No. 15/089,321, entitled  
MODULAR SURGICAL STAPLING SYSTEM  
COMPRISING A DISPLAY, now U.S. Pat. No. 10,271,  
851; 30
- U.S. patent application Ser. No. 15/089,326, entitled  
SURGICAL STAPLING SYSTEM COMPRISING A  
DISPLAY INCLUDING A RE-ORIENTABLE DIS-  
PLAY FIELD, now U.S. Pat. No. 10,433,849;
- U.S. patent application Ser. No. 15/089,263, entitled 35  
SURGICAL INSTRUMENT HANDLE ASSEMBLY  
WITH RECONFIGURABLE GRIP PORTION, now  
U.S. Pat. No. 10,307,159;
- U.S. patent application Ser. No. 15/089,262, entitled  
ROTARY POWERED SURGICAL INSTRUMENT 40  
WITH MANUALLY ACTUATABLE BAILOUT SYS-  
TEM, now U.S. Pat. No. 10,357,246;
- U.S. patent application Ser. No. 15/089,277, entitled  
SURGICAL CUTTING AND STAPLING END  
EFFECTOR WITH ANVIL CONCENTRIC DRIVE 45  
MEMBER, now U.S. Pat. No. 10,531,874;
- U.S. patent application Ser. No. 15/089,296, entitled  
INTERCHANGEABLE SURGICAL TOOL ASSEM-  
BLY WITH A SURGICAL END EFFECTOR THAT IS  
SELECTIVELY ROTATABLE ABOUT A SHAFT 50  
AXIS, now U.S. Pat. No. 10,413,293;
- U.S. patent application Ser. No. 15/089,258, entitled  
SURGICAL STAPLING SYSTEM COMPRISING A  
SHIFTABLE TRANSMISSION, now U.S. Pat. No.  
10,342,543; 55
- U.S. patent application Ser. No. 15/089,278, entitled  
SURGICAL STAPLING SYSTEM CONFIGURED  
TO PROVIDE SELECTIVE CUTTING OF TISSUE,  
now U.S. Pat. No. 10,420,552;
- U.S. patent application Ser. No. 15/089,284, entitled 60  
SURGICAL STAPLING SYSTEM COMPRISING A  
CONTOURABLE SHAFT, now U.S. Patent Applica-  
tion Publication No. 2017/0281186;
- U.S. patent application Ser. No. 15/089,295, entitled  
SURGICAL STAPLING SYSTEM COMPRISING A 65  
TISSUE COMPRESSION LOCKOUT, now U.S. Pat-  
ent Application Publication No. 2017/0281187;

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- U.S. patent application Ser. No. 15/089,300, entitled  
SURGICAL STAPLING SYSTEM COMPRISING  
AN UNCLAMPING LOCKOUT, now U.S. Pat. No.  
10,456,140;
  - U.S. patent application Ser. No. 15/089,196, entitled  
SURGICAL STAPLING SYSTEM COMPRISING A  
JAW CLOSURE LOCKOUT, now U.S. Pat. No.  
10,568,632;
  - U.S. patent application Ser. No. 15/089,203, entitled  
SURGICAL STAPLING SYSTEM COMPRISING A  
JAW ATTACHMENT LOCKOUT, now U.S. Pat. No.  
10,542,991;
  - U.S. patent application Ser. No. 15/089,210, entitled  
SURGICAL STAPLING SYSTEM COMPRISING A  
SPENT CARTRIDGE LOCKOUT, now U.S. Pat. No.  
10,478,190;
  - U.S. patent application Ser. No. 15/089,324, entitled  
SURGICAL INSTRUMENT COMPRISING A SHIFT-  
ING MECHANISM, now U.S. Pat. No. 10,314,582;
  - U.S. patent application Ser. No. 15/089,335, entitled  
SURGICAL STAPLING INSTRUMENT COMPRIS-  
ING MULTIPLE LOCKOUTS, now U.S. Pat. No.  
10,485,542;
  - U.S. patent application Ser. No. 15/089,339, entitled  
SURGICAL STAPLING INSTRUMENT, now U.S.  
Patent Application Publication No. 2017/0281173;
  - U.S. patent application Ser. No. 15/089,253, entitled  
SURGICAL STAPLING SYSTEM CONFIGURED  
TO APPLY ANNULAR ROWS OF STAPLES HAV-  
ING DIFFERENT HEIGHTS, now U.S. Pat. No.  
10,413,297;
  - U.S. patent application Ser. No. 15/089,304, entitled  
SURGICAL STAPLING SYSTEM COMPRISING A  
GROOVED FORMING POCKET, now U.S. Pat. No.  
10,285,705;
  - U.S. patent application Ser. No. 15/089,331, entitled  
ANVIL MODIFICATION MEMBERS FOR SURGI-  
CAL STAPLE/FASTENERS, now U.S. Pat. No.  
10,376,263;
  - U.S. patent application Ser. No. 15/089,336, entitled  
STAPLE CARTRIDGES WITH ATRAUMATIC FEAT-  
URES, now U.S. Patent Application Publication No.  
2017/0281164;
  - U.S. patent application Ser. No. 15/089,312, entitled  
CIRCULAR STAPLING SYSTEM COMPRISING  
AN INCISABLE TISSUE SUPPORT, now U.S. Patent  
Application Publication No. 2017/0281189;
  - U.S. patent application Ser. No. 15/089,309, entitled  
CIRCULAR STAPLING SYSTEM COMPRISING  
ROTARY FIRING SYSTEM, now U.S. Patent Appli-  
cation Publication No. 2017/0281169; and
  - U.S. patent application Ser. No. 15/089,349, entitled  
CIRCULAR STAPLING SYSTEM COMPRISING  
LOAD CONTROL, now U.S. Patent Application Pub-  
lication No. 2017/0281174.
- Applicant of the present application also owns the U.S. patent applications identified below which were filed on Dec. 30, 2015 which are each herein incorporated by refer-  
ence in their respective entirety:
- U.S. patent application Ser. No. 14/984,488, entitled  
MECHANISMS FOR COMPENSATING FOR BAT-  
TERY PACK FAILURE IN POWERED SURGICAL  
INSTRUMENTS, now U.S. Pat. No. 10,292,704;
  - U.S. patent application Ser. No. 14/984,525, entitled  
MECHANISMS FOR COMPENSATING FOR  
DRIVETRAIN FAILURE IN POWERED SURGICAL  
INSTRUMENTS, now U.S. Pat. No. 10,368,865; and

U.S. patent application Ser. No. 14/984,552, entitled SURGICAL INSTRUMENTS WITH SEPARABLE MOTORS AND MOTOR CONTROL CIRCUITS, now U.S. Pat. No. 10,265,068.

Applicant of the present application also owns the U.S. patent applications identified below which were filed on Feb. 9, 2016 which are each herein incorporated by reference in their respective entirety:

U.S. patent application Ser. No. 15/019,220, entitled SURGICAL INSTRUMENT WITH ARTICULATING AND AXIALLY TRANSLATABLE END EFFECTOR, now U.S. Pat. No. 10,245,029;

U.S. patent application Ser. No. 15/019,228, entitled SURGICAL INSTRUMENTS WITH MULTIPLE LINK ARTICULATION ARRANGEMENTS, now U.S. Pat. No. 10,433,837;

U.S. patent application Ser. No. 15/019,196, entitled SURGICAL INSTRUMENT ARTICULATION MECHANISM WITH SLOTTED SECONDARY CONSTRAINT, now U.S. Pat. No. 10,413,291;

U.S. patent application Ser. No. 15/019,206, entitled SURGICAL INSTRUMENTS WITH AN END EFFECTOR THAT IS HIGHLY ARTICULATABLE RELATIVE TO AN ELONGATE SHAFT ASSEMBLY, now U.S. Patent Application Publication No. 2017/0224331;

U.S. patent application Ser. No. 15/019,215, entitled SURGICAL INSTRUMENTS WITH NON-SYMMETRICAL ARTICULATION ARRANGEMENTS, now U.S. Patent Application Publication No. 2017/0224332;

U.S. patent application Ser. No. 15/019,227, entitled ARTICULATABLE SURGICAL INSTRUMENTS WITH SINGLE ARTICULATION LINK ARRANGEMENTS, now U.S. Patent Application Publication No. 2017/0224334;

U.S. patent application Ser. No. 15/019,235, entitled SURGICAL INSTRUMENTS WITH TENSIONING ARRANGEMENTS FOR CABLE DRIVEN ARTICULATION SYSTEMS, now U.S. Pat. No. 10,245,030;

U.S. patent application Ser. No. 15/019,230, entitled ARTICULATABLE SURGICAL INSTRUMENTS WITH OFF-AXIS FIRING BEAM ARRANGEMENTS, now U.S. Pat. No. 10,588,625; and

U.S. patent application Ser. No. 15/019,245, entitled SURGICAL INSTRUMENTS WITH CLOSURE STROKE REDUCTION ARRANGEMENTS, now U.S. Pat. No. 10,470,764.

Applicant of the present application also owns the U.S. patent applications identified below which were filed on Feb. 12, 2016 which are each herein incorporated by reference in their respective entirety:

U.S. patent application Ser. No. 15/043,254, entitled MECHANISMS FOR COMPENSATING FOR DRIVETRAIN FAILURE IN POWERED SURGICAL INSTRUMENTS, now U.S. Pat. No. 10,258,331;

U.S. patent application Ser. No. 15/043,259, entitled MECHANISMS FOR COMPENSATING FOR DRIVETRAIN FAILURE IN POWERED SURGICAL INSTRUMENTS, now U.S. Pat. No. 10,448,948;

U.S. patent application Ser. No. 15/043,275, entitled MECHANISMS FOR COMPENSATING FOR DRIVETRAIN FAILURE IN POWERED SURGICAL INSTRUMENTS, now U.S. Patent Application Publication No. 2017/0231627; and

U.S. patent application Ser. No. 15/043,289, entitled MECHANISMS FOR COMPENSATING FOR

DRIVETRAIN FAILURE IN POWERED SURGICAL INSTRUMENTS, now U.S. Patent Application Publication No. 2017/0231628.

Applicant of the present application owns the following patent applications that were filed on Jun. 18, 2015 and which are each herein incorporated by reference in their respective entirety:

U.S. patent application Ser. No. 14/742,925, entitled SURGICAL END EFFECTORS WITH POSITIVE JAW OPENING ARRANGEMENTS, now U.S. Pat. No. 10,182,818;

U.S. patent application Ser. No. 14/742,941, entitled SURGICAL END EFFECTORS WITH DUAL CAM ACTUATED JAW CLOSING FEATURES, now U.S. Pat. No. 10,052,102;

U.S. patent application Ser. No. 14/742,914, entitled MOVABLE FIRING BEAM SUPPORT ARRANGEMENTS FOR ARTICULATABLE SURGICAL INSTRUMENTS, now U.S. Pat. No. 10,405,863;

U.S. patent application Ser. No. 14/742,900, entitled ARTICULATABLE SURGICAL INSTRUMENTS WITH COMPOSITE FIRING BEAM STRUCTURES WITH CENTER FIRING SUPPORT MEMBER FOR ARTICULATION SUPPORT, now U.S. Pat. No. 10,335,149;

U.S. patent application Ser. No. 14/742,885, entitled DUAL ARTICULATION DRIVE SYSTEM ARRANGEMENTS FOR ARTICULATABLE SURGICAL INSTRUMENTS, now U.S. Pat. No. 10,368,861; and

U.S. patent application Ser. No. 14/742,876, entitled PUSH/PULL ARTICULATION DRIVE SYSTEMS FOR ARTICULATABLE SURGICAL INSTRUMENTS, now U.S. Pat. No. 10,178,992.

Applicant of the present application owns the following patent applications that were filed on Mar. 6, 2015 and which are each herein incorporated by reference in their respective entirety:

U.S. patent application Ser. No. 14/640,746, entitled POWERED SURGICAL INSTRUMENT, now U.S. Pat. No. 9,808,246;

U.S. patent application Ser. No. 14/640,795, entitled MULTIPLE LEVEL THRESHOLDS TO MODIFY OPERATION OF POWERED SURGICAL INSTRUMENTS, now U.S. Pat. No. 10,441,279;

U.S. patent application Ser. No. 14/640,832, entitled ADAPTIVE TISSUE COMPRESSION TECHNIQUES TO ADJUST CLOSURE RATES FOR MULTIPLE TISSUE TYPES, now U.S. Patent Application Publication No. 2016/0256154;

U.S. patent application Ser. No. 14/640,935, entitled OVERLAID MULTI SENSOR RADIO FREQUENCY (RF) ELECTRODE SYSTEM TO MEASURE TISSUE COMPRESSION, now U.S. Pat. No. 10,548,504;

U.S. patent application Ser. No. 14/640,831, entitled MONITORING SPEED CONTROL AND PRECISION INCREMENTING OF MOTOR FOR POWERED SURGICAL INSTRUMENTS, now U.S. Pat. No. 9,895,148;

U.S. patent application Ser. No. 14/640,859, entitled TIME DEPENDENT EVALUATION OF SENSOR DATA TO DETERMINE STABILITY, CREEP, AND VISCOELASTIC ELEMENTS OF MEASURES, now U.S. Pat. No. 10,052,044;

- U.S. patent application Ser. No. 14/640,817, entitled INTERACTIVE FEEDBACK SYSTEM FOR POWERED SURGICAL INSTRUMENTS, now U.S. Pat. No. 9,924,961;
- U.S. patent application Ser. No. 14/640,844, entitled CONTROL TECHNIQUES AND SUB-PROCESSOR CONTAINED WITHIN MODULAR SHAFT WITH SELECT CONTROL PROCESSING FROM HANDLE, now U.S. Pat. No. 10,045,776;
- U.S. patent application Ser. No. 14/640,837, entitled SMART SENSORS WITH LOCAL SIGNAL PROCESSING, now U.S. Pat. No. 10,993,248;
- U.S. patent application Ser. No. 14/640,765, entitled SYSTEM FOR DETECTING THE MIS-INSERTION OF A STAPLE CARTRIDGE INTO A SURGICAL STAPLE/FASTENER, now U.S. Pat. No. 10,617,412;
- U.S. patent application Ser. No. 14/640,799, entitled SIGNAL AND POWER COMMUNICATION SYSTEM POSITIONED ON A ROTATABLE SHAFT, now U.S. Pat. No. 9,901,342; and
- U.S. patent application Ser. No. 14/640,780, entitled SURGICAL INSTRUMENT COMPRISING A LOCKABLE BATTERY HOUSING, now U.S. Pat. No. 10,245,033.

Applicant of the present application owns the following patent applications that were filed on Feb. 27, 2015, and which are each herein incorporated by reference in their respective entirety:

- U.S. patent application Ser. No. 14/633,576, entitled SURGICAL INSTRUMENT SYSTEM COMPRISING AN INSPECTION STATION, now U.S. Pat. No. 10,045,779;
- U.S. patent application Ser. No. 14/633,546, entitled SURGICAL APPARATUS CONFIGURED TO ASSESS WHETHER A PERFORMANCE PARAMETER OF THE SURGICAL APPARATUS IS WITHIN AN ACCEPTABLE PERFORMANCE BAND, now U.S. Pat. No. 10,180,463;
- U.S. patent application Ser. No. 14/633,560, entitled SURGICAL CHARGING SYSTEM THAT CHARGES AND/OR CONDITIONS ONE OR MORE BATTERIES, now U.S. Patent Application Publication No. 2016/0249910;
- U.S. patent application Ser. No. 14/633,566, entitled CHARGING SYSTEM THAT ENABLES EMERGENCY RESOLUTIONS FOR CHARGING A BATTERY, now U.S. Pat. No. 10,182,816;
- U.S. patent application Ser. No. 14/633,555, entitled SYSTEM FOR MONITORING WHETHER A SURGICAL INSTRUMENT NEEDS TO BE SERVICED, now U.S. Pat. No. 10,321,907;
- U.S. patent application Ser. No. 14/633,542, entitled REINFORCED BATTERY FOR A SURGICAL INSTRUMENT, now U.S. Pat. No. 9,931,118;
- U.S. patent application Ser. No. 14/633,548, entitled POWER ADAPTER FOR A SURGICAL INSTRUMENT, now U.S. Pat. No. 10,245,028;
- U.S. patent application Ser. No. 14/633,526, entitled ADAPTABLE SURGICAL INSTRUMENT HANDLE, now U.S. Pat. No. 9,993,258;
- U.S. patent application Ser. No. 14/633,541, entitled MODULAR STAPLING ASSEMBLY, now U.S. Pat. No. 10,226,250; and
- U.S. patent application Ser. No. 14/633,562, entitled SURGICAL APPARATUS CONFIGURED TO TRACK AN END-OF-LIFE PARAMETER, now U.S. Pat. No. 10,159,483.

Applicant of the present application owns the following patent applications that were filed on Dec. 18, 2014 and which are each herein incorporated by reference in their respective entirety:

- U.S. patent application Ser. No. 14/574,478, entitled SURGICAL INSTRUMENT SYSTEMS COMPRISING AN ARTICULATABLE END EFFECTOR AND MEANS FOR ADJUSTING THE FIRING STROKE OF A FIRING MEMBER, now U.S. Pat. No. 9,844,374;
- U.S. patent application Ser. No. 14/574,483, entitled SURGICAL INSTRUMENT ASSEMBLY COMPRISING LOCKABLE SYSTEMS, now U.S. Pat. No. 10,188,385;
- U.S. patent application Ser. No. 14/575,139, entitled DRIVE ARRANGEMENTS FOR ARTICULATABLE SURGICAL INSTRUMENTS, now U.S. Pat. No. 9,844,375;
- U.S. patent application Ser. No. 14/575,148, entitled LOCKING ARRANGEMENTS FOR DETACHABLE SHAFT ASSEMBLIES WITH ARTICULATABLE SURGICAL END EFFECTORS, now U.S. Pat. No. 10,085,748;
- U.S. patent application Ser. No. 14/575,130, entitled SURGICAL INSTRUMENT WITH AN ANVIL THAT IS SELECTIVELY MOVABLE ABOUT A DISCRETE NON-MOVABLE AXIS RELATIVE TO A STAPLE CARTRIDGE, now U.S. Pat. No. 10,245,027;
- U.S. patent application Ser. No. 14/575,143, entitled SURGICAL INSTRUMENTS WITH IMPROVED CLOSURE ARRANGEMENTS, now U.S. Pat. No. 10,004,501;
- U.S. patent application Ser. No. 14/575,117, entitled SURGICAL INSTRUMENTS WITH ARTICULATABLE END EFFECTORS AND MOVABLE FIRING BEAM SUPPORT ARRANGEMENTS, now U.S. Pat. No. 9,943,309;
- U.S. patent application Ser. No. 14/575,154, entitled SURGICAL INSTRUMENTS WITH ARTICULATABLE END EFFECTORS AND IMPROVED FIRING BEAM SUPPORT ARRANGEMENTS, now U.S. Pat. No. 9,968,355;
- U.S. patent application Ser. No. 14/574,493, entitled SURGICAL INSTRUMENT ASSEMBLY COMPRISING A FLEXIBLE ARTICULATION SYSTEM, now U.S. Pat. No. 9,987,000; and
- U.S. patent application Ser. No. 14/574,500, entitled SURGICAL INSTRUMENT ASSEMBLY COMPRISING A LOCKABLE ARTICULATION SYSTEM, now U.S. Pat. No. 10,117,649.

Applicant of the present application owns the following patent applications that were filed on Mar. 1, 2013 and which are each herein incorporated by reference in their respective entirety:

- U.S. patent application Ser. No. 13/782,295, entitled ARTICULATABLE SURGICAL INSTRUMENTS WITH CONDUCTIVE PATHWAYS FOR SIGNAL COMMUNICATION, now U.S. Pat. No. 9,700,309;
- U.S. patent application Ser. No. 13/782,323, entitled ROTARY POWERED ARTICULATION JOINTS FOR SURGICAL INSTRUMENTS, now U.S. Pat. No. 9,782,169;
- U.S. patent application Ser. No. 13/782,338, entitled THUMBWHEEL SWITCH ARRANGEMENTS FOR SURGICAL INSTRUMENTS, now U.S. Patent Application Publication No. 2014/0249557;

U.S. patent application Ser. No. 13/782,499, entitled ELECTROMECHANICAL SURGICAL DEVICE WITH SIGNAL RELAY ARRANGEMENT, now U.S. Pat. No. 9,358,003;

U.S. patent application Ser. No. 13/782,460, entitled MULTIPLE PROCESSOR MOTOR CONTROL FOR MODULAR SURGICAL INSTRUMENTS, now U.S. Pat. No. 9,554,794;

U.S. patent application Ser. No. 13/782,358, entitled JOYSTICK SWITCH ASSEMBLIES FOR SURGICAL INSTRUMENTS, now U.S. Pat. No. 9,326,767;

U.S. patent application Ser. No. 13/782,481, entitled SENSOR STRAIGHTENED END EFFECTOR DURING REMOVAL THROUGH TROCAR, now U.S. Pat. No. 9,468,438;

U.S. patent application Ser. No. 13/782,518, entitled CONTROL METHODS FOR SURGICAL INSTRUMENTS WITH REMOVABLE IMPLEMENT PORTIONS, now U.S. Patent Application Publication No. 2014/0246475;

U.S. patent application Ser. No. 13/782,375, entitled ROTARY POWERED SURGICAL INSTRUMENTS WITH MULTIPLE DEGREES OF FREEDOM, now U.S. Pat. No. 9,398,911; and

U.S. patent application Ser. No. 13/782,536, entitled SURGICAL INSTRUMENT SOFT STOP, now U.S. Pat. No. 9,307,986.

Applicant of the present application also owns the following patent applications that were filed on Mar. 14, 2013 and which are each herein incorporated by reference in their respective entirety:

U.S. patent application Ser. No. 13/803,097, entitled ARTICULATABLE SURGICAL INSTRUMENT COMPRISING A FIRING DRIVE, now U.S. Pat. No. 9,687,230;

U.S. patent application Ser. No. 13/803,193, entitled CONTROL ARRANGEMENTS FOR A DRIVE MEMBER OF A SURGICAL INSTRUMENT, now U.S. Pat. No. 9,332,987;

U.S. patent application Ser. No. 13/803,053, entitled INTERCHANGEABLE SHAFT ASSEMBLIES FOR USE WITH A SURGICAL INSTRUMENT, now U.S. Patent Application Publication No. 2014/0263564;

U.S. patent application Ser. No. 13/803,086, entitled ARTICULATABLE SURGICAL INSTRUMENT COMPRISING AN ARTICULATION LOCK, now U.S. Patent Application Publication No. 2014/0263541;

U.S. patent application Ser. No. 13/803,210, entitled SENSOR ARRANGEMENTS FOR ABSOLUTE POSITIONING SYSTEM FOR SURGICAL INSTRUMENTS, now U.S. Pat. No. 9,808,244;

U.S. patent application Ser. No. 13/803,148, entitled MULTI-FUNCTION MOTOR FOR A SURGICAL INSTRUMENT, now U.S. Patent Application Publication No. 2014/0263554;

U.S. patent application Ser. No. 13/803,066, entitled DRIVE SYSTEM LOCKOUT ARRANGEMENTS FOR MODULAR SURGICAL INSTRUMENTS, now U.S. Pat. No. 9,629,623;

U.S. patent application Ser. No. 13/803,117, entitled ARTICULATION CONTROL SYSTEM FOR ARTICULATABLE SURGICAL INSTRUMENTS, now U.S. Pat. No. 9,351,726;

U.S. patent application Ser. No. 13/803,130, entitled DRIVE TRAIN CONTROL ARRANGEMENTS FOR MODULAR SURGICAL INSTRUMENTS, now U.S. Pat. No. 9,351,727; and

U.S. patent application Ser. No. 13/803,159, entitled METHOD AND SYSTEM FOR OPERATING A SURGICAL INSTRUMENT, now U.S. Patent Application Publication No. 2014/0277017.

Applicant of the present application also owns the following patent application that was filed on Mar. 7, 2014 and is herein incorporated by reference in its entirety:

U.S. patent application Ser. No. 14/200,111, entitled CONTROL SYSTEMS FOR SURGICAL INSTRUMENTS, now U.S. Pat. No. 9,629,629.

Applicant of the present application also owns the following patent applications that were filed on Mar. 26, 2014 and are each herein incorporated by reference in their respective entirety:

U.S. patent application Ser. No. 14/226,106, entitled POWER MANAGEMENT CONTROL SYSTEMS FOR SURGICAL INSTRUMENTS, now U.S. Patent Application Publication No. 2015/0272582;

U.S. patent application Ser. No. 14/226,099, entitled STERILIZATION VERIFICATION CIRCUIT, now U.S. Pat. No. 9,826,977;

U.S. patent application Ser. No. 14/226,094, entitled VERIFICATION OF NUMBER OF BATTERY EXCHANGES/PROCEDURE COUNT, now U.S. Patent Application Publication No. 2015/0272580;

U.S. patent application Ser. No. 14/226,117, entitled POWER MANAGEMENT THROUGH SLEEP OPTIONS OF SEGMENTED CIRCUIT AND WAKE UP CONTROL, now U.S. Patent Application Publication No. 2015/0272574;

U.S. patent application Ser. No. 14/226,075, entitled MODULAR POWERED SURGICAL INSTRUMENT WITH DETACHABLE SHAFT ASSEMBLIES, now U.S. Pat. No. 9,743,929;

U.S. patent application Ser. No. 14/226,093, entitled FEEDBACK ALGORITHMS FOR MANUAL BAILOUT SYSTEMS FOR SURGICAL INSTRUMENTS, now U.S. Pat. No. 10,028,761;

U.S. patent application Ser. No. 14/226,116, entitled SURGICAL INSTRUMENT UTILIZING SENSOR ADAPTATION, now U.S. Patent Application Publication No. 2015/0272571;

U.S. patent application Ser. No. 14/226,071, entitled SURGICAL INSTRUMENT CONTROL CIRCUIT HAVING A SAFETY PROCESSOR, now U.S. Pat. No. 9,690,362;

U.S. patent application Ser. No. 14/226,097, entitled SURGICAL INSTRUMENT COMPRISING INTERACTIVE SYSTEMS, now U.S. Pat. No. 9,820,738;

U.S. patent application Ser. No. 14/226,126, entitled INTERFACE SYSTEMS FOR USE WITH SURGICAL INSTRUMENTS, now U.S. Pat. No. 10,004,497;

U.S. patent application Ser. No. 14/226,133, entitled MODULAR SURGICAL INSTRUMENT SYSTEM, now U.S. Patent Application Publication No. 2015/0272557;

U.S. patent application Ser. No. 14/226,081, entitled SYSTEMS AND METHODS FOR CONTROLLING A SEGMENTED CIRCUIT, now U.S. Pat. No. 9,804,618;

U.S. patent application Ser. No. 14/226,076, entitled POWER MANAGEMENT THROUGH SEG-

MENTED CIRCUIT AND VARIABLE VOLTAGE PROTECTION, now U.S. Pat. No. 9,733,663;

U.S. patent application Ser. No. 14/226,111, entitled SURGICAL STAPLING INSTRUMENT SYSTEM, now U.S. Pat. No. 9,750,499; and

U.S. patent application Ser. No. 14/226,125, entitled SURGICAL INSTRUMENT COMPRISING A ROTATABLE SHAFT, now U.S. Pat. No. 10,201,364.

Applicant of the present application also owns the following patent applications that were filed on Sep. 5, 2014 and which are each herein incorporated by reference in their respective entirety:

U.S. patent application Ser. No. 14/479,103, entitled CIRCUITRY AND SENSORS FOR POWERED MEDICAL DEVICE, now U.S. Pat. No. 10,111,679;

U.S. patent application Ser. No. 14/479,119, entitled ADJUNCT WITH INTEGRATED SENSORS TO QUANTIFY TISSUE COMPRESSION, now U.S. Pat. No. 9,724,094;

U.S. patent application Ser. No. 14/478,908, entitled MONITORING DEVICE DEGRADATION BASED ON COMPONENT EVALUATION, now U.S. Pat. No. 9,737,301;

U.S. patent application Ser. No. 14/478,895, entitled MULTIPLE SENSORS WITH ONE SENSOR AFFECTING A SECOND SENSOR'S OUTPUT OR INTERPRETATION, now U.S. Pat. No. 9,757,128;

U.S. patent application Ser. No. 14/479,110, entitled POLARITY OF HALL MAGNET TO DETECT MIS-LOADED CARTRIDGE, now U.S. Pat. No. 10,016,199;

U.S. patent application Ser. No. 14/479,098, entitled SMART CARTRIDGE WAKE UP OPERATION AND DATA RETENTION, now U.S. Pat. No. 10,135,242;

U.S. patent application Ser. No. 14/479,115, entitled MULTIPLE MOTOR CONTROL FOR POWERED MEDICAL DEVICE, now U.S. Pat. No. 9,788,836; and

U.S. patent application Ser. No. 14/479,108, entitled LOCAL DISPLAY OF TISSUE PARAMETER STABILIZATION, now U.S. Patent Application Publication No. 2016/0066913.

Applicant of the present application also owns the following patent applications that were filed on Apr. 9, 2014 and which are each herein incorporated by reference in their respective entirety:

U.S. patent application Ser. No. 14/248,590, entitled MOTOR DRIVEN SURGICAL INSTRUMENTS WITH LOCKABLE DUAL DRIVE SHAFTS, now U.S. Pat. No. 9,826,976;

U.S. patent application Ser. No. 14/248,581, entitled SURGICAL INSTRUMENT COMPRISING A CLOSING DRIVE AND A FIRING DRIVE OPERATED FROM THE SAME ROTATABLE OUTPUT, now U.S. Pat. No. 9,649,110;

U.S. patent application Ser. No. 14/248,595, entitled SURGICAL INSTRUMENT SHAFT INCLUDING SWITCHES FOR CONTROLLING THE OPERATION OF THE SURGICAL INSTRUMENT, now U.S. Pat. No. 9,844,368;

U.S. patent application Ser. No. 14/248,588, entitled POWERED LINEAR SURGICAL STAPLE/FASTENER, now U.S. Pat. No. 10,405,857;

U.S. patent application Ser. No. 14/248,591, entitled TRANSMISSION ARRANGEMENT FOR A SURGICAL INSTRUMENT, now U.S. Pat. No. 10,149,680;

U.S. patent application Ser. No. 14/248,584, entitled MODULAR MOTOR DRIVEN SURGICAL INSTRUMENTS WITH ALIGNMENT FEATURES FOR ALIGNING ROTARY DRIVE SHAFTS WITH SURGICAL END EFFECTOR SHAFTS, now U.S. Pat. No. 9,801,626;

U.S. patent application Ser. No. 14/248,587, entitled POWERED SURGICAL STAPLE/FASTENER, now U.S. Pat. No. 9,867,612;

U.S. patent application Ser. No. 14/248,586, entitled DRIVE SYSTEM DECOUPLING ARRANGEMENT FOR A SURGICAL INSTRUMENT, now U.S. Pat. No. 10,136,887; and

U.S. patent application Ser. No. 14/248,607, entitled MODULAR MOTOR DRIVEN SURGICAL INSTRUMENTS WITH STATUS INDICATION ARRANGEMENTS, now U.S. Pat. No. 9,814,460.

Applicant of the present application also owns the following patent applications that were filed on Apr. 16, 2013 and which are each herein incorporated by reference in their respective entirety:

U.S. Provisional Patent Application Ser. No. 61/812,365, entitled SURGICAL INSTRUMENT WITH MULTIPLE FUNCTIONS PERFORMED BY A SINGLE MOTOR;

U.S. Provisional Patent Application Ser. No. 61/812,376, entitled LINEAR CUTTER WITH POWER;

U.S. Provisional Patent Application Ser. No. 61/812,382, entitled LINEAR CUTTER WITH MOTOR AND PISTOL GRIP;

U.S. Provisional Patent Application Ser. No. 61/812,385, entitled SURGICAL INSTRUMENT HANDLE WITH MULTIPLE ACTUATION MOTORS AND MOTOR CONTROL; and

U.S. Provisional Patent Application Ser. No. 61/812,372, entitled SURGICAL INSTRUMENT WITH MULTIPLE FUNCTIONS PERFORMED BY A SINGLE MOTOR.

Numerous specific details are set forth to provide a thorough understanding of the overall structure, function, manufacture, and use of the embodiments as described in the specification and illustrated in the accompanying drawings. Well-known operations, components, and elements have not been described in detail so as not to obscure the embodiments described in the specification. The reader will understand that the embodiments described and illustrated herein are non-limiting examples, and thus it can be appreciated that the specific structural and functional details disclosed herein may be representative and illustrative. Variations and changes thereto may be made without departing from the scope of the claims.

The terms "comprise" (and any form of comprise, such as "comprises" and "comprising"), "have" (and any form of have, such as "has" and "having"), "include" (and any form of include, such as "includes" and "including") and "contain" (and any form of contain, such as "contains" and "containing") are open-ended linking verbs. As a result, a surgical system, device, or apparatus that "comprises," "has," "includes" or "contains" one or more elements possesses those one or more elements, but is not limited to possessing only those one or more elements. Likewise, an element of a system, device, or apparatus that "comprises," "has," "includes" or "contains" one or more features possesses those one or more features, but is not limited to possessing only those one or more features.

The terms "proximal" and "distal" are used herein with reference to a clinician manipulating the handle portion of

the surgical instrument. The term “proximal” refers to the portion closest to the clinician and the term “distal” refers to the portion located away from the clinician. It will be further appreciated that, for convenience and clarity, spatial terms such as “vertical”, “horizontal”, “up”, and “down” may be used herein with respect to the drawings. However, surgical instruments are used in many orientations and positions, and these terms are not intended to be limiting and/or absolute.

Various exemplary devices and methods are provided for performing laparoscopic and minimally invasive surgical procedures. However, the reader will readily appreciate that the various methods and devices disclosed herein can be used in numerous surgical procedures and applications including, for example, in connection with open surgical procedures. As the present Detailed Description proceeds, the reader will further appreciate that the various instruments disclosed herein can be inserted into a body in any way, such as through a natural orifice, through an incision or puncture hole formed in tissue, etc. The working portions or end effector portions of the instruments can be inserted directly into a patient’s body or can be inserted through an access device that has a working channel through which the end effector and elongate shaft of a surgical instrument can be advanced.

A surgical stapling system can comprise a shaft and an end effector extending from the shaft. The end effector comprises a first jaw and a second jaw. The first jaw comprises a staple cartridge. The staple cartridge is insertable into and removable from the first jaw; however, other embodiments are envisioned in which a staple cartridge is not removable from, or at least readily replaceable from, the first jaw. The second jaw comprises an anvil configured to deform staples ejected from the staple cartridge. The second jaw is pivotable relative to the first jaw about a closure axis; however, other embodiments are envisioned in which the first jaw is pivotable relative to the second jaw. The surgical stapling system further comprises an articulation joint configured to permit the end effector to be rotated, or articulated, relative to the shaft. The end effector is rotatable about an articulation axis extending through the articulation joint. Other embodiments are envisioned which do not include an articulation joint.

The staple cartridge comprises a cartridge body. The cartridge body includes a proximal end, a distal end, and a deck extending between the proximal end and the distal end. In use, the staple cartridge is positioned on a first side of the tissue to be stapled and the anvil is positioned on a second side of the tissue. The anvil is moved toward the staple cartridge to compress and clamp the tissue against the deck. Thereafter, staples removably stored in the cartridge body can be deployed into the tissue. The cartridge body includes staple cavities defined therein wherein staples are removably stored in the staple cavities. The staple cavities are arranged in six longitudinal rows. Three rows of staple cavities are positioned on a first side of a longitudinal slot and three rows of staple cavities are positioned on a second side of the longitudinal slot. Other arrangements of staple cavities and staples may be possible.

The staples are supported by staple drivers in the cartridge body. The drivers are movable between a first, or unfired position, and a second, or fired, position to eject the staples from the staple cavities. The drivers are retained in the cartridge body by a retainer which extends around the bottom of the cartridge body and includes resilient members configured to grip the cartridge body and hold the retainer to the cartridge body. The drivers are movable between their unfired positions and their fired positions by a sled. The sled

is movable between a proximal position adjacent the proximal end and a distal position adjacent the distal end. The sled comprises a plurality of ramped surfaces configured to slide under the drivers and lift the drivers, and the staples supported thereon, toward the anvil.

Further to the above, the sled is moved distally by a firing member. The firing member is configured to contact the sled and push the sled toward the distal end. The longitudinal slot defined in the cartridge body is configured to receive the firing member. The anvil also includes a slot configured to receive the firing member. The firing member further comprises a first cam which engages the first jaw and a second cam which engages the second jaw. As the firing member is advanced distally, the first cam and the second cam can control the distance, or tissue gap, between the deck of the staple cartridge and the anvil. The firing member also comprises a knife configured to incise the tissue captured intermediate the staple cartridge and the anvil. It is desirable for the knife to be positioned at least partially proximal to the ramped surfaces such that the staples are ejected ahead of the knife.

The embodiments disclosed herein can be used with the embodiments disclosed in the following patent applications: U.S. patent application Ser. No. 15/636,829, entitled CLOSED LOOP VELOCITY CONTROL TECHNIQUES FOR ROBOTIC SURGICAL INSTRUMENT, now U.S. Patent Application Publication No. 2019/0000466; U.S. patent application Ser. No. 15/636,837, entitled CLOSED LOOP VELOCITY CONTROL TECHNIQUES BASED ON SENSED TISSUE PARAMETERS FOR ROBOTIC SURGICAL INSTRUMENT, now U.S. Patent Application Publication No. 2019/0000565; U.S. patent application Ser. No. 15/636,844, entitled CLOSED LOOP VELOCITY CONTROL OF CLOSURE MEMBER FOR ROBOTIC SURGICAL INSTRUMENT, now U.S. Pat. No. 10,398,434; U.S. patent application Ser. No. 15/636,854, entitled ROBOTIC SURGICAL INSTRUMENT WITH CLOSED LOOP FEEDBACK TECHNIQUES FOR ADVANCEMENT OF CLOSURE MEMBER DURING FIRING; and U.S. patent application Ser. No. 15/636,858, entitled SYSTEM FOR CONTROLLING ARTICULATION FORCES, now U.S. Pat. No. 10,258,418, which are each herein incorporated by reference in their respective entireties.

Various embodiments disclosed herein may be employed in connection with a robotic system **1000** of the type depicted in FIGS. 1-3, for example. FIG. 1 depicts one version of a master controller **1001** that may be used in connection with a robotic arm slave cart **1100** of the type depicted in FIG. 2. Master controller **1001** and robotic arm slave cart **1100**, as well as their respective components and control systems are collectively referred to herein as a robotic system **1000**. Examples of such systems and devices are disclosed in U.S. Pat. No. 7,524,320, entitled MECHANICAL ACTUATOR INTERFACE SYSTEM FOR ROBOTIC SURGICAL TOOLS, as well as U.S. Pat. No. 9,072,535, entitled SURGICAL STAPLING INSTRUMENTS WITH ROTATABLE STAPLE DEPLOYMENT ARRANGEMENTS, which are each hereby incorporated by reference herein in their respective entireties. Thus, various details of such devices will not be described in detail herein beyond that which may be necessary to understand various embodiments and forms of the present disclosure. As is known, the master controller **1001** generally includes master controllers (generally represented as **1003** in FIG. 1) which are grasped by the surgeon and manipulated in space while the surgeon views the procedure via a stereo display **1002**. The master controllers **1001** generally comprise manual

input devices which preferably move with multiple degrees of freedom, and which often further have an actuatable handle for actuating tools (for example, for closing grasping jaws, applying an electrical potential to an electrode, or the like).

As can be seen in FIG. 2, in one form, the robotic arm cart **1100** may be configured to actuate one or more surgical tools, generally designated as **2000**. Various robotic surgery systems and methods employing master controller and robotic arm cart arrangements are disclosed in U.S. Pat. No. 6,132,368, entitled MULTI-COMPONENT TELEPRESENCE SYSTEM AND METHOD the entire disclosure of which is hereby incorporated by reference herein. In various forms, the robotic arm cart **1100** includes a base **1002** from which, in the illustrated embodiment, surgical tools may be supported. In various forms, the surgical tool(s) may be supported by a series of manually articulatable linkages, generally referred to as set-up joints **1104**, and a robotic manipulator **1106**. In various embodiments, the linkage and joint arrangement may facilitate rotation of a surgical tool around a point in space, as more fully described in issued U.S. Pat. No. 5,817,084, entitled REMOTE CENTER POSITIONING DEVICE WITH FLEXIBLE DRIVE, the entire disclosure of which is hereby incorporated by reference herein. The parallelogram arrangement constrains rotation to pivoting about an axis **1112a**, sometimes called the pitch axis. The links supporting the parallelogram linkage are pivotally mounted to set-up joints **1104** (FIG. 2) so that the surgical tool further rotates about an axis **1112b**, sometimes called the yaw axis. The pitch and yaw axes **1112a**, **1112b** intersect at the remote center **1114**, which is aligned along an elongate shaft of a surgical tool. The surgical tool may have further degrees of driven freedom as supported by manipulator **1106**, including sliding motion of the surgical tool along the longitudinal axis "LT-LT". As the surgical tool slides along the tool axis LT-LT relative to manipulator **1106** (arrow **1112c**), remote center **1114** remains fixed relative to base **1116** of manipulator **1106**. Hence, the entire manipulator is generally moved to re-position remote center **1114**. Linkage **1108** of manipulator **1106** may be driven by a series of motors **1120**. These motors actively move linkage **1108** in response to commands from a processor of a control system. The motors **1120** may also be employed to manipulate the surgical tool. Alternative joint structures and set up arrangements are also contemplated. Examples of other joint and set up arrangements, for example, are disclosed in U.S. Pat. No. 5,878,193, entitled AUTOMATED ENDOSCOPE SYSTEM FOR OPTIMAL POSITIONING, the entire disclosure of which is hereby incorporated by reference herein. Additionally, while the data communication between a robotic component and the processor of the robotic surgical system is primarily described herein with reference to communication between the surgical tool and the master controller **1001**, it should be understood that similar communication may take place between circuitry of a manipulator, a set-up joint, an endoscope or other image capture device, or the like, and the processor of the robotic surgical system for component compatibility verification, component-type identification, component calibration (such as off-set or the like) communication, confirmation of coupling of the component to the robotic surgical system, or the like. In accordance with at least one aspect, various surgical instruments disclosed herein may be used in connection with other robotically-controlled or automated surgical systems and are not necessarily limited to use with the specific robotic system components shown in FIGS. 1-3 and described in the aforementioned references.

In one aspect, a surgical tool generally designated as **2000** is configured to be selectively interchangeably employed with a first controller interface **3000** (FIGS. 22-25) and a second controller interface **3500** (FIGS. 28 and 29), for example. In the example illustrated in FIGS. 4-14, one form of surgical tool **2000** comprises a surgical end effector **2100** that is configured to cut and staple or fasten tissue. The surgical end effector **2100** comprises a first "cartridge" jaw **2110** and a second "anvil" jaw **2200**. In one arrangement, the cartridge jaw comprises a frame **2112** that is configured to operably support a surgical staple/fastener cartridge **2150** therein. The second jaw **2200** comprises an anvil **2202** that is pivotally supported relative to the frame **2112** and is configured to form staples or fasteners that are ejected from the staple/fastener cartridge **2150**. In use, the anvil **2202** is rotatable between an open, unclamped position and a closed, clamped position; however, embodiments are envisioned in which the cartridge jaw **2110** is movable relative to the anvil **2202**.

As can be seen in FIGS. 6 and 8, in one aspect, the anvil **2202** is pivotally supported on the frame **2112** for selective pivotal travel relative thereto. In one arrangement, for example, the anvil **2202** comprises an anvil body **2204** and an anvil mounting portion **2210**. See FIG. 6. An anvil trunnion **2212** extends laterally from each side of the anvil mounting portion **2210** and is adapted to be received in corresponding trunnion cradles **2116** in a proximal end portion **2114** of the frame **2112**. The anvil trunnions **2212** are pivotally retained in their corresponding trunnion cradle **2116** by a channel cap or anvil retainer **2120**. The channel cap or anvil retainer **2120** includes a pair of attachment lugs **2122** that are configured to be retainingly received within corresponding lug grooves or notches **2118** formed in upstanding walls **2115** of the proximal end portion **2114** of the frame **2112**. The surgical tool **2000** further comprises an elongate shaft assembly **2300** wherein the surgical end effector **2100** is rotatably connected to the shaft assembly **2300** about an articulation joint **2350**. As will be discussed in further detail below, the articulation joint **2350** facilitates articulation of the surgical end effector **2100** relative to the elongate shaft assembly **2300** about a fixed pivot axis PA. See FIG. 8.

Referring to FIG. 6, in accordance with one example, the shaft assembly **2300** of the surgical tool **2000** comprises an outer closure tube that, in at least one form, comprises an outer housing **2410** that has a coupler portion **2412** attached thereto. In one arrangement, for example, the coupler portion **2412** may be welded to the outer housing **2410** or attached thereto by an appropriate adhesive for example. The shaft assembly **2300** further comprises a distal housing **2420** that is pivotally connected to the coupler portion **2412** by two connector plates **2430** positioned on opposite sides of the articulation joint **2350**. The distal housing **2420** is movable distally to engage the anvil **2202** and move the anvil **2202** toward the staple cartridge **2150**. Each connector plate **2430** is connected to the coupler portion **2412** at a pivot **2414** and, similarly, to the distal housing **2420** at a pivot **2422**. Similar to the above, the connector plates **2430** permit the coupler portion **2412** and distal housing **2420** to slide relative to the articulation joint **2350** when the surgical end effector **2100** is in an articulated position wherein, as a result, the anvil **2202** can be opened and closed while the surgical end effector **2100** is in an articulated position. Further to the above, the distal housing **2420** comprises distal jaw opening feature **2424** and a proximal jaw opening feature **2426** that serve to apply jaw opening motions to the anvil mounting portion **2210** when the distal housing **2420**

is retracted in a proximal direction PD. When the distal housing **2420** is driven in a distal direction DD, it is configured to cammingly contact a corresponding portion of the anvil mounting portion **2210** to transfer a closing motion to the anvil **2202**. Further details regarding the distal and proximal jaw opening features **2424**, **2426** may be found in U.S. patent application Ser. No. 15/635,621, entitled SURGICAL INSTRUMENT WITH POSITIVE JAW OPENING FEATURES, now U.S. Patent Application Publication No. 2019/0000463, the entire disclosure of which is hereby incorporated by reference herein.

In the illustrated arrangement, the surgical end effector **2100** is rotatably mounted to a tool frame assembly **2320** about a fixed pivot **2550** of the articulation joint **2350**. In various circumstances, for ease of assembly, the tool frame assembly **2320** may comprise a proximal tool frame portion **2322** and a distal tool frame portion **2330** that are interconnected together by snap features, adhesive, welding, etc. See FIG. 6. The shaft assembly **2300** further comprises distal mounting tabs **2340** which extend from and are fixedly mounted to the distal tool frame portion **2330**. A first distal mounting tab **2340** is mounted to the first cartridge jaw **2110**, which comprises the frame **2112**, and a second distal mounting tab **2340** is mounted to the anvil retainer **2120**. The interconnection between the mounting tabs **2340** and the first cartridge jaw **2110** and the anvil retainer **2120** defines the fixed pivot **2550**. The fixed pivot axis PA defined by the fixed pivot **2550** is laterally offset with respect to a central longitudinal axis LA of the shaft assembly **2300** by an offset distance OD. See FIG. 9. The longitudinal axis LA extends between a proximal end **2302** and a distal end **2304**. See FIG. 4. In various instances, the offset distance OD is between 0.0250 inches and 0.045 inches, for example. In various instances, the offset distance OD is between 0.0300 inches and 0.0400 inches, for example. In various instances, the offset distance OD is between 0.0325 inches and 0.0375 inches, for example. In various instances, the offset distance OD is about 0.0355 inches, for example. For instance, the offset distance OD is 0.0355 inches, for example. Other offset distances OD are envisioned and may be employed.

Referring again to FIG. 6, the surgical tool **2000** further comprises an articulation system **2500** including a first or right articulation driver **2510** and a second or left articulation driver **2530** extending through an interior aperture **2415** defined within the proximal closure tube or outer housing **2410** of the shaft assembly **2300**. The articulation system **2500** further comprises a first or right articulation link **2520** that is rotatably coupled to a distal end of the right articulation driver **2510** at a first link attachment location **2525** about a proximal right pin **2522**. The articulation system **2500** also comprises a second or left articulation link **2540** that is rotatably coupled to the end of the left articulation driver **2530** at a second link attachment location **2545** about a proximal left pin **2542**. Turning to FIG. 12, in at least one arrangement for example, the proximal right pin **2522** is laterally offset from the longitudinal axis LA a first lateral distance  $X_R$  and the proximal left pin **2542** is laterally offset from the longitudinal axis LA a second lateral distance  $X_L$ . In at least one example,  $X_L < X_R$ . In various instances,  $X_L$  is between 0.0500 inches and 0.1500 inches, for example. In various instances,  $X_L$  is between 0.0750 inches and 0.1250 inches, for example. In various instances,  $X_L$  is about 0.1000 inches, for example. For instance,  $X_L$  is 0.1000 inches, for example. In various instances,  $X_R$  is between 0.0500 inches and 0.1500 inches, for example. In various instances,  $X_R$  is between 0.0750 inches and 0.1250 inches, for example. In various instances,  $X_R$  is about 0.1100 inches, for example.

For instance,  $X_R$  is 0.1100 inches, for example. Other lateral distances  $X_L$ ,  $X_R$  are envisioned and may be employed. Similarly, the right articulation link **2520** is rotatably coupled to the cartridge jaw **2110** or frame **2112** at a first attachment location **2135** about a distal left drive pin **2130** which extends through an aperture defined in the right articulation link **2520**. Likewise, the left articulation link **2540** is rotatably coupled to the cartridge jaw **2110** or frame **2112** at a second attachment location **2137** about a distal right drive pin **2132** which extends through an aperture defined in the left articulation link **2540**. As can be seen in FIG. 12, the left articulation link **2540** extends transversely relative to stated another way crosses over the central longitudinal axis LA defined by the elongate shaft assembly **2300**. In the illustrated arrangement, the left articulation link **2540** also extends transversely to or crosses over the right articulation link **2520**. Other alternative arrangements are contemplated wherein the right articulation link crosses over the left articulation link.

Turning again to FIG. 9, the distal right pin **2130** and the distal left pin **2132** are longitudinally offset with respect to the pivot axis PA which may create longitudinal, or axial, torque arms (ATA). In various instances, the torque arms ATA are between 0.0500 inches and 0.1500 inches, for example. In various instances, torque arms ATA are between 0.0750 inches and 0.1250 inches, for example. In various instances, torque arms ATA are about 0.0917 inches, for example. For instance, torque arms ATA are 0.0917 inches, for example. Other torque arms ATA are envisioned and may be employed. In addition, the distal right pin **2130** may be laterally offset from the central longitudinal axis LA a right lateral distance  $X1$  and distal left pin **2132** may be laterally offset from the central longitudinal axis LA a left lateral distance  $X2$ . In the illustrated arrangement for example,  $X1 > X2$ . In various instances,  $X1$  is between 0.1000 inches and 0.2000 inches, for example. In various instances,  $X1$  is between 0.1250 inches and 0.1750 inches, for example. In various instances,  $X1$  is about 0.1455 inches, for example. For instance,  $X1$  is 0.1455 inches, for example. In various instances,  $X2$  is between 0.0500 inches and 0.1500 inches, for example. In various instances,  $X2$  is between 0.0750 inches and 0.1250 inches, for example. In various instances,  $X2$  is about 0.1137 inches, for example. For instance,  $X2$  is 0.1137 inches, for example. Other lateral distances  $X1$ ,  $X2$  are envisioned and may be employed.

The asymmetry of this design may have several purposes. For example, the asymmetric design may create a more stable configuration when the articulation links are oriented one on top of the other. The effects of gravity create a need for greater stability over the top of the end effector, suggesting an imbalance of forces need to be applied to the articulation links. Second, the asymmetric design also creates a control algorithm with asymmetric properties. This creates a set of force ratios between the two articulation links that is unique at every point, in that the ratio of forces between the two articulation links is always going to be different. This design may help to diagnose problems and debug issues between the interplay of the two articulation links because it is known that the force ratio profile is unique at every point.

Referring to FIGS. 12-14, examples are shown of how movements of the articulation drivers **2510**, **2530** cause the surgical end effector **2100** to articulate, according to some aspects. In FIG. 12, the surgical end effector **2100** is in a neutral or straight position relative to the articulation drivers **2510**, **2530** as well as the longitudinal axis LA. Such arrangement may, for example, facilitate insertion of the

surgical tool **2000** through a cannula of a trocar or similar arrangement. In FIG. **13**, the left articulation driver **2530** is moved distally (distal direction DD), while simultaneously the right articulation driver **2510** is moved proximally (proximal direction PD). Because the hinges (links **2520**, **2540**) of the articulation drivers **2510**, **2530** that connect to the cartridge jaw **2110** of the surgical end effector **2100** are positioned on opposite sides of the fixed articulation pivot **2550**, these described motions cause the surgical end effector **2100** to articulate in the counterclockwise left direction L, as shown. Similarly, because the right articulation link **2520** connecting the right articulation driver **2510** is attached to the left of the fixed pivot **2550**, movement of right articulation driver **2510** in a proximal direction PD is consistent with causing a counterclockwise motion. In contrast, as shown in FIG. **14**, reverse movements by the articulation drivers **2510**, **2530** cause the surgical end effector **2100** to move in the reverse, i.e., clockwise, direction R. That is, a movement by the right articulation driver **2510** in the distal direction DD, and any simultaneous movement by the left articulation driver **2530** in the proximal direction PD, create a clockwise motion of the surgical end effector **2100** about the fixed pivot **2550**.

As can be seen in FIG. **12**, the center of the proximal right pin **2522** lies on the unarticulated axis  $UA_R$  when the surgical end effector **2100** is in the unarticulated position and the right and left articulation drivers **2510**, **2530** are in their respective neutral positions. Similarly, the center of the proximal left pin **2542** lies on an unarticulated axis  $UA_L$ . In the illustrated arrangement, the unarticulated axis  $UA_R$  is slightly proximal to the unarticulated axis  $UA_L$  when the surgical end effector **2100** is in the unarticulated position. Stated another way, the  $UA_R$  is axially offset from  $UA_L$ . Stated still another way, when the first articulation driver **2510** is in a first neutral position (FIG. **12**), and the second articulation driver **2530** is in a second neutral position (FIG. **12**), the first link attachment location **2525** is axially offset from the second link attachment location **2545**.

As indicated above, FIG. **12** illustrates the neutral positions **2527**, **2547** of the first and second articulation drivers **2510**, **2530**, respectively. When in that position, the surgical end effector **2100** is axially aligned with the longitudinal axis LA or stated another way, the surgical end effector **2100** is in an unarticulated position. Turning to FIG. **13**, to cause the surgical end effector **2100** to pivot or articulate in a counterclockwise direction (arrow L), the left articulation driver **2530** is moved axially a second distal articulation stroke length  $LS_1$  (measured from the second neutral position **2547** to a second distal position **2560**) and the right articulation driver **2510** is moved axially a first proximal articulation stroke length  $RS_1$  (measured from the first neutral position **2527** to a first proximal position **2562**). The movement of the right articulation driver **2510** through the first proximal articulation stroke length  $RS_1$  may occur simultaneously with the movement of the left articulation driver **2530** through the second distal articulation stroke length. In the illustrated example,  $LS_1 > RS_1$ . In use, the surgical end effector **2100** is rotatable about the articulation joint **2350** between a fully articulated left position (FIG. **13**), indicated by angle  $\alpha_L$ , and a fully-articulated right position (FIG. **14**), indicated by angle  $\alpha_R$ —and/or any suitable position there between. In at least one arrangement, the left articulation driver **2530** axially moves through a second distal articulation stroke length  $LS_1$  and the right articulation driver **2510** axially moves through a first proximal articulation stroke length  $RS_1$  in order to articulate the surgical end effector **2100** to its maximum left articulated position

( $\alpha_L$  = approximately sixty-five degrees ( $65^\circ$ )). In various instances,  $LS_1$  is between 0.1200 inches and 0.2200 inches, for example. In various instances,  $LS_1$  is between 0.1450 inches and 0.1950 inches, for example. In various instances,  $LS_1$  is about 0.1727 inches, for example. For instance,  $LS_1$  is 0.1727 inches, for example. In various instances,  $RS_1$  is between 0.0500 inches and 0.1500 inches, for example. In various instances,  $RS_1$  is between 0.0750 inches and 0.1250 inches, for example. In various instances,  $RS_1$  is about 0.1164 inches, for example. For instance,  $RS_1$  is 0.1164 inches, for example. Other stroke lengths  $LS_1$ ,  $RS_1$  are envisioned and may be employed. Likewise, for example, the right articulation driver **2510** axially moves through a first distal articulation stroke length  $RS_2$  (measured from the first neutral position **2527** to a first distal position **2564**) and the left articulation driver **2530** axially moves through a second proximal articulation stroke length  $LS_2$  (measured from the second neutral position **2547** to a second proximal position **2566**) in order to articulate the surgical end effector **2100** to its maximum right articulated position ( $\alpha_R$  = approximately forty-three degrees ( $43^\circ$ )). In various instances,  $LS_2$  is between 0.0250 inches and 0.1250 inches, for example. In various instances,  $LS_2$  is between 0.0500 inches and 0.1000 inches, for example. In various instances,  $LS_2$  is about 0.0760 inches, for example. For instance,  $LS_2$  is 0.0760 inches, for example. In various instances,  $RS_2$  is between 0.1200 inches and 0.2200 inches, for example. In various instances,  $RS_2$  is between 0.1450 inches and 0.1950 inches, for example. In various instances,  $RS_2$  is about 0.1731 inches, for example. For instance,  $RS_2$  is 0.1731 inches, for example. Other stroke lengths  $LS_2$ ,  $RS_2$  are envisioned and may be employed. See FIG. **14**. In at least one arrangement for example,  $UA_L \neq UA_R$ ;  $LS_1 > RS_1$ ;  $LS_2 < RS_2$ ;  $LS_1 > RS_2$ ;  $LS_2 < RS_1$ .

In some aspects, causing articulation of the surgical end effector **2100** involves applying forces to both of the articulation links **2520**, **2540** in an antagonistic relationship. For example, each source of articulation motions (e.g., motor) that operably interfaces with the right and left articulation drivers **2510**, **2530** may exert pulling/pushing forces on both of the articulation links at the same time. The ratio of the amount of pulling (or pushing) force between the two articulation links may determine the angle at which the surgical end effector **2100** is articulated. Referring to FIG. **10**, shown is another example of how forces may be applied to the two articulation links **2520**, **2540** in order to cause the surgical end effector **2100** to articulate  $30^\circ$  from the centerline or longitudinal axis LA, according to some aspects. Here, a motor or other source of articulation motion that is coupled to the right articulation driver **2510** may apply an actuation force that is greater than the actuation force being applied to the left articulation driver **2530** by a second motor or other second source of articulation motion. The difference in the forces may not be as substantial as the ones required, for example, to articulate the surgical end effector **2100** through its maximum left articulation angle  $\alpha_L$ . As an example, the exact ratio of forces between the two articulation arms may be determined, for example, by a control algorithm graph such as the ones disclosed in U.S. patent application Ser. No. 15/636,858, entitled SYSTEM FOR CONTROLLING ARTICULATION FORCES, now U.S. Pat. No. 10,258,418, the entire disclosure of which is hereby incorporated by reference herein. For example, FIG. **15** illustrates the surgical end effector **2100** in a left articulated position wherein the left articulation angle  $\alpha_L$  is approximately sixty degrees ( $60^\circ$ ). Starting from the position of articulation in the illustration of FIG. **15**, the change in

forces applied to the two articulation drivers **2510**, **2530** results in an effective force FE applied to the surgical end effector in FIG. 10. The arrows **2560** and **2562** represent the changes in force applied to their respective articulation drivers relative to the forces illustrated in FIG. 15.

Referring to FIG. 11, shown is a third example of how forces may be applied to the two articulation drivers **2510**, **2530** to cause the surgical end effector **2100** to articulate back to the center or neutral position, according to some aspects. Here, the motor or other actuator that operably interfaces with the right articulation driver **2510** may apply an actuation force that is less than an actuation force that is applied to the left articulation driver **2530** by a second motor or other actuator. For example, the antagonistic actuation force of the left articulation driver **2530** may be actually greater than the actuation force that is applied to the right articulation driver **2510** at the 0° point (no articulation). This makes sense when considering that the articulation pivot **2550** is off-center and closer to the hinge (left articulation link **2540**) of the left articulation driver **2530**. This requires the left articulation driver **2530** to deliver more torque relative to the right articulation driver **2510** in order to balance the forces. In this example, the change in the amount of forces applied to both of the articulation drivers in FIG. 10 results in an effective force FE being applied to the center of mass of the surgical end effector **2100**.

The right articulation link **2520** has a link length  $LL_R$  and the left articulation link **2540** has a link length  $LL_L$ . In the illustrated example,  $LL_R$  is approximately equal to  $LL_L$ . However, other embodiments are contemplated wherein  $LL_R \neq LL_L$ .

In addition to the shaft assembly **2300**, a surgical end effector **2100**, and an articulation joint **2350**, the surgical tool **2000** further comprises a staple firing system **2600**, for example, that includes a firing bar **2610** that extends through the articulation joint **2350**. See FIGS. 6 and 7. In use, the firing bar **2610** is translatable distally to perform a staple firing stroke and retractable proximally after at least a portion of the staple firing stroke has been completed. The firing bar **2610** extends through a channel or slot **2324** defined in the proximal tool frame portion **2322** and a slot **2332** in the distal tool frame portion **2330** of the shaft assembly **2300** which are configured to closely receive and/or guide the firing bar **2610** as the firing bar **2610** moves relative to the shaft assembly **2300**. See FIG. 6.

Further to the above, the channels **2324** and **2332** do not extend into the articulation joint **2350** and, without more, the firing bar **2610** may be unsupported within the articulation joint **2350**. When the surgical end effector **2100** is in an unarticulated configuration (FIG. 7), the firing bar **2610** is unlikely to buckle within the articulation joint **2350** during the staple firing stroke—however, the likelihood of the firing bar **2610** buckling laterally during the staple firing stroke increases when the surgical end effector **2100** is in an articulated configuration (FIGS. 13-15). To reduce the possibility of such buckling, the surgical tool **2000** further comprises a firing bar support **2650** configured to support the firing bar **2610**. The firing bar support **2650** comprises a proximal portion **2652** connected to the distal tool frame portion **2330**, a distal portion **2654** connected to the frame **2112**, and an intermediate portion **2656** extending between the proximal portion **2652** and the distal portion **2654**. The portions **2652**, **2654**, **2656** of the firing bar support **2650** are integrally formed; however, other embodiments are envisioned in which the portions **2652**, **2654**, **2656** are assembled to one another and/or comprise separate components. See FIG. 6.

Further to the above, the distal portion **2652** of the firing bar support **2650** is fixedly mounted to the frame **2112** and does not move, or at least substantially move, relative to the frame **2112**. An intermediate portion **2654** of the firing bar support **2650** comprises one or more portions having a reduced cross-section which, among other things, allows the firing bar support **2650** to flex within the articulation joint **2350** when the surgical end effector **2100** is articulated. A proximal portion **2656** of the firing bar support **2650** is slidably mounted to the distal tool frame portion **2330** such that the firing bar support **2650** can translate relative to the distal tool frame portion **2330** when the surgical end effector **2100** is articulated. That said, the proximal portion **2656** of the firing bar support **2650** comprises a proximal head **2658** that is slidable within a chamber, or cavity, **2331** defined within the distal tool frame portion **2330** which can limit the travel of the firing bar support **2650**. Embodiments are envisioned, however, without such a travel constraint. In any event, the distal portion **2652**, the intermediate portion **2654**, and proximal portion **2656** of the firing bar support **2650** co-operatively define a channel, or slot, **2659** which is configured to support the firing bar **2610**—especially within the articulation joint **2350**—and reduce the possibility of the firing bar **2610** buckling during the staple firing stroke, for instance.

In various instances, the firing bar **2610** is comprised of a plurality of parallel, or at least substantially parallel, layers **2612**. See FIG. 7. The layers are affixed to a distal firing or cutting member **2620** and can partially translate or slide longitudinally relative to one another—especially within the articulation joint **2350**. Each such layer is configured to transmit a load in the same direction, i.e., proximally or distally, even though such layers can move, or slide, relative to one another. Further to the above, such layers may splay laterally relative to one another—especially within the articulation joint **2350**—when the surgical end effector **2100** has been articulated. The intermediate portion **2654** of the firing bar support **2650** comprises a plurality of connected control elements which can at least reduce, if not prevent, the relative lateral splay of the firing bar layers. Alternatively, as mentioned above, one or more of the control elements can be unconnected to one another. Examples of various firing bar and firing bar support arrangements are disclosed in U.S. patent application Ser. No. 15/635,808, entitled SURGICAL INSTRUMENT COMPRISING FIRING MEMBER SUPPORTS, now U.S. Patent Application Publication No. 2019/0000471, the entire disclosure of which is hereby incorporated by reference herein.

As can also be seen in FIG. 6, a firing member or knife member **2620** is attached to the distal end of the firing bar **2610**. In one exemplary form, the firing member **2620** comprises a body portion **2622** that supports a knife or tissue cutting portion **2624**. The body portion **2622** protrudes through an elongate slot or channel **2113** in the frame **2112** and terminates in a foot member **2626** that extends laterally on each side of the body portion **2622**. As the firing member **2620** is driven distally through the surgical staple/fastener cartridge **2150**, the foot member **2626** rides within a passage in the frame **2112** that is located under the surgical staple/fastener cartridge **2150**. The tissue cutting portion **2624** is disposed between a distally protruding top nose portion and the foot member **2626**. As can be further seen in FIG. 6, the firing member **2620** may further include two laterally extending top tabs, pins or anvil engagement features **2628**. As the firing member **2620** is driven distally, a top portion of the body portion **2622** extends through a centrally disposed anvil slot **2206** and the anvil engagement features

2634 ride on corresponding anvil ledges 2208 formed on each side of the anvil slot 2206. See FIG. 7. The firing member 2620 is configured to operably interface with a sled assembly that is operably supported within a body 2152 of the surgical staple/fastener cartridge 2150. The sled assembly is slidably displaceable within the surgical staple/fastener cartridge body 2152 from a proximal starting position adjacent the proximal end of the cartridge body 2152 to an ending position adjacent a distal end of the cartridge body 2152. The cartridge body 2152 operably supports therein a plurality of staple drivers that are aligned in rows on each side of the centrally disposed slot 2154. As indicated above, the centrally disposed slot 2154 enables the firing member 2620 to pass therethrough and cut the tissue that is clamped between the anvil 2202 and the surgical staple/fastener cartridge 2150. The staple drivers are associated with corresponding staple/fastener pockets 2156 that open through an upper deck surface of the cartridge body 2152. Each of the staple drivers supports one or more surgical staples or fasteners thereon. The sled assembly includes a plurality of sloped or wedge-shaped cams wherein each cam corresponds to a particular line of fasteners or drivers located on a side of the slot. In addition, a firing member lockout system 2630 may be employed to prevent inadvertent actuation or stated another way distal advancement of the firing member 2620 from a starting position unless an unfired "fresh" surgical staple cartridge 2150 has been properly supported in the frame. For example, the firing member body 2622 is provided with a tippable element 2632 that is movable between a locked and unlocked position. A lockout spring 2633 is provided to bias the tippable element 2632 into the locked position unless the tippable element 2632 is moved to the unlocked position when engaged with a sled assembly in the surgical staple cartridge 2150. Further details regarding the firing member lockout system 2660 may be found in U.S. patent application Ser. No. 15/635,521, entitled SURGICAL INSTRUMENT LOCKOUT ARRANGEMENT, now U.S. Patent Application Publication No. 2019/0000456, the entire disclosure of which is hereby incorporated by reference herein.

In accordance with at least one general aspect, the firing bar 2610 is configured to be attached to a firing rod 3230 that is movably supported within the tool frame assembly 2320 of the elongate shaft assembly 2300. In particular, a firing bar attachment tab 2614 is formed on a proximal end 2616 of the firing bar 2610 (FIG. 6) and is configured to be received within an attachment slot that is provided in a distal end portion of the firing rod 3230.

FIGS. 16 and 17 illustrate the various above described components of the shaft assembly 2300 in respective neutral coupling positions that facilitate their operable interface with corresponding portions of drive systems and support structures of a controller interface to which the surgical tool is attached. As can be seen in those Figures, the outer housing or proximal closure tube 2410 includes a proximal end or proximal coupler portion 2416 that includes an annular attachment groove 2418. FIGS. 16 and 17 illustrate the proximal coupler portion 2416 in its corresponding neutral coupling position generally designated as 2417. As described above, the outer housing or proximal closure tube 2410 is supported for axial movable travel on the tool frame assembly 2320 and more particularly on the proximal tool frame portion 2322 thereof. As shown in FIGS. 16 and 17, the tool frame assembly 2320 includes a proximal coupler portion 2326 that includes two frame attachment grooves 2328. FIGS. 16 and 17 illustrate the proximal coupler

portion 2326 in its corresponding neutral coupling position, generally designated as 2327.

As discussed above, the right articulation driver 2510 is supported for selective axial movable travel relative to the tool frame assembly 2320. FIGS. 16 and 17, further illustrate that in at least one form, the right articulation driver 2510 includes a tubular proximal end portion or proximal coupler portion 2514 that includes a right attachment collar 2516. FIGS. 16 and 17 illustrate the proximal coupler portion 2514 in its corresponding neutral coupling position, generally designated as 2517. Similarly, the left articulation driver 2530 is supported for selective axial movable travel relative to the tool frame assembly 2320. FIGS. 16 and 17, further illustrate that in at least one form, the left articulation driver 2530 includes a tubular proximal end portion or proximal coupler portion 2534 that includes a left attachment collar 2536. FIGS. 16 and 17 illustrate the proximal coupler portion 2534 in its corresponding neutral coupling position, generally designated as 2537.

As mentioned above, the firing rod 3230 is movably supported within the tool frame assembly 2320. More particularly, the firing rod 3230 is supported for axial travel within the tool frame assembly 2320. The firing rod 3230 includes a proximal end or proximal coupler portion 3232 that has an attachment lug 3234 formed thereon. FIGS. 16 and 17 illustrate the proximal coupler portion 3232 in its corresponding neutral coupling position, generally designated as 3237.

In accordance with one aspect, when the proximal coupler portions 2416, 2326, 2534, 2514, 3232 are each in their respective neutral coupling positions, they are in a predetermined serial axial alignment to facilitate interfacing with corresponding drive systems or components of a controller interface. In the example depicted in FIGS. 16 and 17, the neutral coupling position 3237 is proximal to the neutral coupling position 2517, which is proximal to neutral coupling position 2537, which is proximal to neutral coupling position 2527, which is proximal to neutral coupling position 2417. These neutral coupling positions may also be referred to as starting positions. Other serial axial arrangements of neutral coupling positions are contemplated.

In accordance with another general aspect, a spacing lock 2710 is operably supported in a docking housing 2700 of the surgical tool 2000 to retain the proximal coupler portions 2416, 2326, 2534, 2514, 3232 in their respective neutral coupling positions. More specifically and with reference to FIGS. 18-21, the docking housing 2700 is attached to a proximal end 2301 of the elongate shaft assembly 2300 and movably supports the spacing lock 2710 therein. As will be further discussed below, the docking housing 2700 may serve to facilitate operable attachment of the surgical tool to an appropriate controller interface. As can be seen in FIGS. 18-21, in at least one example, the spacing lock 2710 is supported for movable travel between a locked position and an unlocked position represented by arrows 2712 and 2714. The spacing lock 2710 is configured to releasably engage each of the proximal coupler portions 2416, 2326, 2534, 2514, 3232 and retain them in their respective neutral coupling positions when the tool assembly is not coupled to a controller interface. In at least one arrangement, to keep the spacing lock 2710 in an axially aligned position, at least one slider support 2711 extends laterally from the spacing lock 2710 to be slidably received in a slot that is formed in the docking housing 2700.

As can be seen in FIGS. 18-21, in the illustrated example, the spacing lock 2710 includes a closure lock or key 2720 that is configured to be received within the annular groove

2418 in the proximal coupler portion 2416 of the outer housing or proximal closure tube 2410 to prevent axial movement thereof. The spacing lock 2710 further comprises a frame lock arrangement that comprises a pair of frame keys 2722 that are configured to be received within the annular grooves 2328 in the proximal coupler portion 2326 of the tool frame assembly 2320. In addition, the spacing lock 2710 comprises a left articulation groove or locking detent 2726 that is configured to retainingly engage the left attachment collar 2536 of the proximal coupler portion 2534 of the left articulation driver 2530. Likewise, spacing lock 2710 comprises a right articulation groove or locking detent 2728 that is configured to retainingly engage the right attachment collar 2516 on the proximal coupler portion 2514 of the right articulation driver 2510. As can also be seen in FIGS. 18-21, the spacing lock 2710 further comprises a firing key 2729 that is configured to retainingly engage a reduced neck portion 3236 on the proximal coupler portion 3237 of the firing rod 3230. FIGS. 18-21 illustrate the spacing lock 2710 in a locked position. In at least one arrangement, the spacing lock 2710 is biased into the locked configuration by biasers or springs 2730.

In one aspect of the disclosure, the surgical tool 2000 may be interchangeably employed with a first controller interface that supports a plurality of corresponding control systems that are configured to apply appropriate control motions to the various driver components of the surgical tool 2000 and at least a second controller interface that is not identical to or is different from the first controller interface, yet possesses similar (at least from a functional standpoint) control systems that are configured to apply the appropriate control motions to the various driver arrangements of the surgical tool 2000. In one aspect, for example, a first controller interface may comprise a handheld controller and a second controller interface may comprise a tool mounting portion of a robotic system or other automated system designed to support and manipulate surgical tool(s). In this context, for example, a “handheld” controller may be configured to be supported in the clinician’s hand and manually manipulated. While such handheld controllers may in some cases include onboard motors and power sources and/or microprocessor(s), etc. to provide and/or monitor or control the respective control systems needed to power the various driver and other elements of the surgical tool 2000, such devices may also, or in the alternative, include power cords or tethers that are designed to facilitate transport of power and/or electrical signals to the device. In any event, such handheld controllers are designed to be held in the hand and manually manipulated.

One example of a first controller interface 3000 that comprises a handheld controller 3002 that is configured to operably interface with a surgical tool 2000 is depicted in FIGS. 23-25. One example of a second controller interface 3500 that comprises a tool mounting portion 3502 that is operably attachable to a tool holder of a robotic system 1000 is depicted in FIGS. 28 and 29. Other forms of first controller interfaces and second controller interfaces including other forms handheld controllers and robotically controlled tool holders/systems are contemplated.

As can be seen in FIGS. 22 and 23, the handheld controller 3002 comprises a handle assembly 3010 that comprises a handle housing 3012 that includes a pistol grip portion 3014. A nozzle assembly 3030 is rotatably mounted to the handle housing 3012 for selective rotation about a handle axis HA. In the illustrated arrangement, a docking cavity 3032 is provided in the nozzle assembly 3030 to facilitate mounting of the docking housing 2700 of a surgical

tool 2000 therein. The docking housing 2700 may be removably retained in engagement with the nozzle assembly 3030 by friction, releasable latch arrangements, etc. To operably couple the surgical tool 2000 to the handle assembly 3010, the docking housing 2700 is positioned for insertion into the docking cavity 3032 in an installation direction ID that is orthogonal to a handle axis HA. As can be seen in FIG. 18, the docking housing 2700 may include electrical connectors 2705 that are configured to interface with corresponding electrical connectors that are supported in the controller interface to which the surgical tool 2000 is attached. Such arrangement serves to facilitate transfer of power and electrical signals between various components of the controller interface and onboard electrical components (switches, microprocessors, etc.) that are included in the surgical tool 2000.

In at least one example, a frame mount 3016 is fixedly coupled to the nozzle assembly 3030 and includes two frame attachment features or lugs 3017 thereon that are adapted to be received in the frame attachment grooves 2328 in the proximal coupler portion 2326 of the tool frame assembly 2320 when the surgical tool 2000 is attached to the handheld controller 3002. See FIG. 24. The frame attachment lugs 3017 may be sized or otherwise shaped to be releasably frictionally received within their respective frame attachment grooves 2328. Once the frame attachment lugs 3017 are snapped into the frame grooves 2328 or otherwise retained therein, rotation of the nozzle assembly 3030 relative to the handle housing 3012 will result in rotation of the surgical end effector 2100 relative to the longitudinal axis LA and handle axis HA.

As indicated above, the handle housing 3012 may operably support a plurality of drive systems therein. For example, the handle housing 3012 can operably support a closure drive system, generally designated as 3100, which may be employed to apply closing and opening motions to the surgical tool 2000 that is operably attached or coupled to the handle assembly 3010. In at least one form, the closure drive system 3100 may include an actuator in the form of a closure trigger 3104 is pivotally supported by the handle housing 3012. Such arrangement enables the closure trigger 3104 to be manipulated by a clinician such that, when the clinician grips the pistol grip portion 3014 of the handle assembly 3010, the closure trigger 3104 may be easily pivoted from a starting or “unactuated” position to an “actuated” position and more particularly to a fully compressed or fully actuated position. In various forms, the closure drive system 3100 further includes a closure linkage assembly 3108 that movably interfaces with the closure trigger 3104 or is otherwise operably attached thereto. See FIG. 24. In the illustrated example, the closure linkage assembly 3108 includes a mounting lug or feature 3110 that is configured to be operably received within the attachment groove 2418 in the proximal coupler portion 2416 of the proximal closure tube or outer housing 2410 that facilitates operable attachment to the closure drive system 3100. In use, to actuate the closure drive system 3100, the clinician depresses the closure trigger 3104 towards the pistol grip portion 3014. As described in further detail in U.S. patent application Ser. No. 14/226,142, entitled SURGICAL INSTRUMENT COMPRISING A SENSOR SYSTEM, now U.S. Pat. No. 9,913,642, which is hereby incorporated by reference in its entirety herein, the closure drive system 3100 may be configured to lock the closure trigger 3104 into the fully depressed or fully actuated position when the clinician fully depresses the closure trigger 3104 to attain the full closure stroke. When the clinician desires to unlock the

closure trigger **3104** to permit the closure trigger **3104** to be biased to the unactuated position, the clinician activates a closure release button assembly **3112** which enables the closure trigger **3104** to return to its unactuated position. The closure release button assembly **3112** may also be configured to interact with various sensors that communicate with a microprocessor in the handle assembly **3010** for tracking the position of the closure trigger **3014**. Further details concerning the configuration and operation of the closure release button assembly **3112** may be found in U.S. patent application Ser. No. 14/226,142, entitled SURGICAL INSTRUMENT COMPRISING A SENSOR SYSTEM, now U.S. Pat. No. 9,913,642, which is hereby incorporated by reference in its entirety herein.

In at least one form, the handle housing **3012** may operably support another drive system referred to herein as a firing drive system **3200** that is configured to apply firing motions to corresponding portions of the interchangeable surgical tool **2000** that is attached thereto. As was described in further detail in U.S. Pat. No. 9,913,642, the firing drive system **3200** may employ an electric motor **3210** that is located in the pistol grip portion **3014** of the handle assembly **3010**. In various forms, the motor **3210** may be a DC brushed driving motor having a maximum speed of approximately 25,000 RPM, for example. In other arrangements, the motor **3210** may include a brushless motor, a cordless motor, a synchronous motor, a stepper motor, or any other suitable electric motor. The motor **3210** may be powered by a power source **3212** that in one form may comprise a removable power pack. The power pack may support a plurality of Lithium Ion ("LI") or other suitable batteries therein. A number of batteries connected in series may be used as the power source **3212** for the surgical controller **3000**. In addition, the power source **3212** may be replaceable and/or rechargeable.

Turning to FIGS. **24** and **25**, the electric motor **3210** is configured to axially drive a longitudinally movable drive member **3220** in a distal and proximal directions depending upon the polarity of the voltage applied to the motor. For example, when the motor is driven in one rotary direction, the longitudinally movable drive member **3220** will be axially driven in a distal direction DD. When the motor **3210** is driven in the opposite rotary direction, the longitudinally movable drive member will be axially driven in a proximal direction PD. The handle assembly **3010** can include a switch **3214** which can be configured to reverse the polarity applied to the electric motor **3210** by the power source **3212** or otherwise control the motor **3210**. The handle assembly **3010** can also include a sensor or sensors that are configured to detect the position of the drive member and/or the direction in which the drive member is being moved. Actuation of the motor **3210** can be controlled by a firing trigger **3216** (FIG. **22**) that is pivotally supported on the handle assembly **3010**. The firing trigger **3216** may be pivoted between an unactuated position and an actuated position. The firing trigger **3216** may be biased into the unactuated position by a spring or other biasing arrangement such that, when the clinician releases the firing trigger **3216**, the firing trigger **3216** may be pivoted or otherwise returned to the unactuated position by the spring or biasing arrangement. In at least one form, the firing trigger **3216** can be positioned "outboard" of the closure trigger **3104** as was discussed above. As discussed in U.S. Pat. No. 9,913,642, the handle assembly **3010** may be equipped with a firing trigger safety button to prevent the inadvertent actuation of the firing trigger **3216**. When the closure trigger **3104** is in the unactuated position, the safety button is contained in the

handle assembly **3010** where the clinician cannot readily access it and move it between a safety position preventing actuation of the firing trigger **3216** and a firing position wherein the firing trigger **3216** may be fired. As the clinician depresses the closure trigger **3216**, the safety button and the firing trigger **3216** pivot downwardly where they can then be manipulated by the clinician.

In at least one form, the longitudinally movable drive member **3220** may have a rack of teeth formed thereon for meshing engagement with a corresponding drive gear arrangement that interfaces with the motor **3210**. Further details regarding those features may be found in U.S. Pat. No. 9,913,642. In at least one form, the handle assembly **3010** also includes a manually-actuatable "bailout" assembly that is configured to enable the clinician to manually retract the longitudinally movable drive member should the motor **3210** become disabled. The bailout assembly may include a lever or bailout handle assembly that is stored within the handle assembly **3010** under a releasable door **3018**. See FIG. **23**. The lever may be configured to be manually pivoted into ratcheting engagement with the teeth in the drive member. Thus, the clinician can manually retract the drive member **3220** by using the bailout handle assembly to ratchet the drive member in the proximal direction PD. U.S. Pat. No. 8,608,045, entitled POWERED SURGICAL CUTTING AND STAPLING APPARATUS WITH MANUALLY RETRACTABLE FIRING SYSTEM, the entire disclosure of which is hereby incorporated by reference herein, discloses bailout arrangements and other components, arrangements and systems that may also be employed with any one of the various surgical tools disclosed herein.

When the surgical tool **2000** is attached to the first controller interface **3002**, the attachment lug **3234** on the proximal coupler portion **3232** of the firing rod **3230** is operably received within an attachment cradle **3226** that is formed on a distal end **3224** of the longitudinally movable drive member **3220**. When the attachment lug **3234** is received within the attachment cradle **3226**, the firing rod **3230** is operably coupled to the firing drive system **3200**. Actuation of the firing drive system **3200** will cause the longitudinally movable drive member **3220** as well as the firing rod **3230** to move axially. Movement of the firing rod **3230** in the distal direction DD, will cause the firing bar **2610** as well as the cutting member **2620** attached thereto to also move distally. When tissue is clamped between the cartridge jaw and the anvil jaw, distal movement of the firing bar **2610** will cause the tissue clamped therein to be severed and the staples stored in the cartridge to be attached to the cut tissue on each side of the tissue cut line.

The handle housing **3012** may operably support another drive system referred to herein as an articulation drive system **3300** that is configured to apply articulation motions to the corresponding portions of the interchangeable surgical tool **2000** that is attached thereto. For example, the articulation drive system **3300** may apply articulation motions to the right articulation driver **2510** and the left articulation driver **2530** to selectively articulate the surgical end effector **2100** about the pivot axis PA defined by the articulation joint **2350**. See FIG. **8**. In the illustrated arrangement, for example, the articulation drive system **3300** may comprise an articulation motor **3310** that is operably supported by the handle housing **3012**. See FIG. **25**. In at least one arrangement, an articulation drive gear **3312** is attached to the articulation motor **3310**. The articulation drive gear **3312** is in meshing engagement with a right articulation drive rack **3320** that is supported for axial travel in the handle assembly **3010**. As can be seen in FIG. **25**, for example, a proximal end

portion **2514** of the right articulation driver **2510** is tubular in nature. In the illustrated arrangement for example, the firing rod **3230** extends therethrough and is movably supported therein. The right articulation drive rack **3320** includes a right engagement cradle **3322** that is configured to receive the right attachment collar **2516** of the proximal coupler portion **2514** of the right articulation driver **2510**. Similarly, the articulation drive gear **3312** is in meshing engagement with a left articulation drive rack **3330** that is supported for axial travel in the handle assembly **3010**. The left articulation drive rack **3330** includes a left engagement cradle **3332** that is configured to receive the left attachment collar **2536** of the proximal coupler portion **2534** of the left articulation driver **2530**. The articulation motor **3310** may be controlled by a switch **3314** (or switches) on the handle assembly **3010**. Thus, rotation of the articulation drive gear **3312** in a first rotary direction will drive the right articulation drive rack **3320** as well as the right articulation driver **2510** in the distal direction and the left articulation drive rack **3330** and the left articulation driver **2530** in the proximal direction which will result in the articulation of the surgical end effector **2100** to the left about the pivot axis. Likewise, rotation of the articulation drive gear **3312** in a second rotary direction will drive the right articulation drive rack **3320** as well as the right articulation driver **2510** in the proximal direction and the left articulation drive rack **3330** and the left articulation driver **2530** in the distal direction which will result in the articulation of the surgical end effector **2100** to the right about the pivot axis. In certain embodiments, different gear arrangements may be employed to attain different articulation stroke lengths. For example, in at least one arrangement, the right and left articulation stroke lengths are equal. In other arrangements, the right and left articulation stroke lengths are not equal. In still other arrangements, the right articulation driver **2510** is axially moved by a dedicated right articulation motor and the left articulation driver **2530** is axially moved by a dedicated left articulation motor. The onboard microprocessor in the handle assembly may control the right and left articulation motors to attain the desired right and left articulation strokes.

When the surgical tool **2000** is detached from the handle assembly **3010** or the tool mounting portion of a robotic system, the outer housing or proximal closure tube **2410**, the right articulation driver **2510**, the left articulation driver **2530** as well as firing rod **3230** are retained in a serial docking alignment relative to each other in their respective neutral coupling positions by the spacing lock **2710** (FIGS. **18-21**). The spacing lock **2710** serves to maintain the proximal coupler portions **2416**, **2326**, **2534**, **2514**, **3232** in serial docking alignment so they may operably engage the drive portions of the corresponding drive systems in the handle assembly **3010** or other controller interface. When the clinician properly inserts a portion of the docking housing **2700** into the docking cavity **3032** in the nozzle assembly **3030** of the handle assembly **3010**, an unlocking portion **2740** of the spacing lock **2710** is brought into engagement with the longitudinally movable drive member **3220** to thereby bias the spacing lock **2710** out of retaining engagement to enable the outer housing or proximal closure tube **2410**, the firing rod **3230**, the right articulation driver **2510** and the left articulation driver **2530** to move axially in response to corresponding control motions applied thereto. See FIGS. **26-28**. However, once the surgical tool **2000** is detached from the housing assembly **3010** (moved in the direction **2714**), the springs **2730** will bias the spacing lock **2710** back into the locked orientation shown in FIGS. **18-21**. Such locked arrangement enables the surgical tool **2000** to

be reattached to the handle assembly **3010** or tool holder portion of a robotic system (second control interface) as desired.

As noted above, the surgical tool **2000** is configured to be interchangeably operably attachable to a first controller interface that supports a plurality of corresponding control systems that are configured to apply appropriate control motions to the various components of the surgical tool **2000** and at least a second controller interface that is not identical to or is different from the first controller interface, yet possesses similar (at least from a functional standpoint) control systems that are configured to apply the appropriate control motions to the various driver arrangements of the surgical tool **2000**. For example, in addition to being interchangeably operably couplable to a first controller interface **3000** which may comprise a handheld controller **3002**, the surgical tool **2000** may be operably couplable to a second controller interface that may, for example, comprise a portion of a robotically-controlled system.

Turning to FIGS. **28** and **29**, the surgical tool **2000** may be configured to operably interface with a second controller interface **3500** that comprises a tool mounting portion **3502** that is operably attachable to a tool holder of a robotic system **1000**, for example. In at least one arrangement, the tool mounting portion **3502** comprises a housing **3510** that operably supports a plurality of robotically-controlled drive systems. For example, the tool mounting portion **3500** supports a closure drive system, generally designated as **3600**, which may be employed to apply closing and opening motions to the surgical tool **2000** that is operably attached or coupled to the tool mounting portion **3502**. As can be seen in FIG. **29**, the closure drive system **3600** comprises an axially movable closure coupler **3610** that is configured to move distally and proximally in response to closure motions applied thereto by the robotically-controlled closure drive system **3600**. The closure coupler **3610** comprises a mounting lug or mounting feature **3612** that is configured to be operably received within the attachment groove **2418** of the proximal coupler portion **2416** of the proximal closure tube or outer housing **2410** that facilitates operable attachment to the closure drive system **3600**. When the surgical tool **2000** is attached to the tool mounting portion **3502** as shown in FIG. **29**, actuation of the closure drive system **3600** will result in the axial movement of the outer housing or proximal closure tube **2410** of the shaft assembly **2300**.

Still referring to FIG. **29**, in the illustrated arrangement, the tool mounting portion **3502** comprises a channel retainer mount **3520** that has frame attachment lugs **3522** that are configured to be retainingly received within the corresponding frame attachment grooves **2328** of the proximal coupler portion **2326** of the tool frame assembly **2320**. Such arrangement serves to removably couple the proximal coupler portion **2326** of the tool frame assembly **2320** to the tool mounting portion **3502**. In at least one form, the tool mounting portion **3502** operably supports a firing drive system **3700** that is configured to apply firing motions to the firing rod **3230** of the surgical tool **2000**. As can be seen in FIG. **29**, a firing drive shaft **3702** is supported for axial travel in response to firing control motions generated by the robotically-controlled firing drive system **3700**. The attachment lug **3234** on the firing rod **3230** is adapted to be operably received within an attachment cradle **3706** formed on a distal end **3704** of the longitudinally movable firing drive shaft **3702**. When the attachment lug **3234** is received within the attachment cradle **3706**, the firing rod **3230** is operably coupled to the robotically controlled firing drive system **3700**. Actuation of the firing drive system **3700** will

cause the longitudinally movable firing drive shaft **3702** as well as the firing rod **3230** to move axially. Movement of the firing rod **3230** in the distal direction DD, will cause the firing bar **2610** as well as the cutting member **2620** attached thereto to also move distally. When tissue is clamped between the cartridge jaw and the anvil jaw, distal movement of the firing bar **2610** will cause the tissue clamped therein to be severed and the staples stored in the cartridge to be attached to the cut tissue on each side of the tissue cut line.

The tool mounting portion **3500** may operably support another drive system referred to herein as a robotically-controlled articulation drive system **3800** that is configured to apply articulation motions to the corresponding portions of the surgical tool **2000** that is attached thereto. For example, the robotically-controlled articulation drive system **3800** may apply articulation motions to the right articulation driver **2510** and the left articulation driver **2530** to selectively articulate the surgical end effector **2100** about the pivot axis PA defined by the articulation joint **2350**. In the illustrated arrangement, for example, a right articulation drive member **3820** is supported for axial travel on the tool mounting portion **3500** in response to control motions generated by the robotically-controlled articulation drive system **3800**. The right articulation drive member **3820** includes a right engagement cradle **3822** that is configured to receive the right attachment collar **2516** of the proximal coupler portion **2514** of the right articulation driver **2510**. In addition, a left articulation drive member rack **3830** is supported for axial travel in the tool mounting portion **3500** in response to control motions generated by the robotically-controlled articulation drive system **3800**. The left articulation drive member **3830** includes a left engagement cradle **3832** that is configured to receive the left attachment collar **2536** of the proximal coupler portion **2534** of the left articulation driver **2530**. Actuation of the right and left articulation drive members **3820**, **3830** may be controlled by the control system controlling the articulation drive system **3800** such that as the right articulation drive member **3820** is moved distally, the left articulation member **3830** is moved proximally and vice versa to achieve the desired amount of articulation of the surgical end effector **2100**. Various control arrangements are further described in U.S. patent application Ser. No. 15/636,858, entitled SYSTEM FOR CONTROLLING ARTICULATION FORCES, now U.S. Pat. No. 10,258,418, the entire disclosure of which has been incorporated by reference herein.

As can be seen in FIG. **28**, an open docking cavity **3512** sized to receive the docking housing **2700** therein is provided in the housing **3510** of the tool mounting portion **3502**. To operably couple the surgical tool **2000** to the tool mounting portion **3502**, the docking housing **2700** is positioned for insertion into the docking cavity **3512** and is moved in an installation direction ID that is orthogonal to a longitudinal mount axis MA until the modular shaft nozzle portion **2700** retainingly engages the housing **3512**. The modular docking housing **2700** may be removably retained in engagement with the housing by friction, releasable latch arrangements, snap features, etc. When the clinician properly docks the docking housing **2700** within the docking cavity **3512** in the housing **3510**, the unlocking member **2740** on the spacing lock **2710** is brought into engagement with the longitudinally movable firing drive shaft **3702** to bias the spacing lock **2710** out of retaining engagement with the coupler portions **2416**, **2326**, **2534**, **2514**, **3232** in the manner described above. See FIG. **29**. However, once the surgical tool **2000** is detached from the tool mounting

portion **3502** (moved in the direction **2714**), the springs **2730** will bias the spacing lock **2710** back into the locked orientation. Such locked arrangement enables the surgical tool **2000** to be reattached to the handheld housing or robotic system as desired.

Thus, in accordance with at least one aspect, the surgical tool may be interchangeably employed with a plurality of controller interfaces that may not be identical to each other. For example, the surgical tool **2000** may be operably coupled to one of the first controller interface **3000** and the second controller interface **3500**, used thereon, and then detached therefrom to be operably attached to the second controller interface **3500** or vice versa. This may occur during a single operation wherein both of the controller interfaces **3000**, **3500** are located within a single surgical suite. In other arrangements, the surgical tool **2000** may be used in connection with one of the controller interfaces **3000**, **3500** and then re-sterilized for use in connection with another one of the first and second controller interfaces. Regardless of which controller interface with which the surgical tool **2000** is initially employed, after use of the surgical tool has been completed, the drive systems should be actuated to return each of the coupler portions **2416**, **2326**, **2534**, **2514**, **3232** to their respective neutral coupling position before the surgical tool **2000** is detached from the controller interface. Once the proximal coupler portions **2416**, **2326**, **2534**, **2514**, **3232** have been brought into their respective neutral coupling position, the surgical tool **2000** may be detached from the controller interface by moving the docking housing **2700** in a detachment direction that is opposite to the installation direction ID. Once the unlocking member **2740** on the spacing lock **2710** is disengaged from the longitudinally movable firing drive shaft **3702**, the spacing lock will be biased into locking engagement with each of the proximal coupler portions **2416**, **2326**, **2534**, **2514**, **3232**.

FIGS. **30-77** depict a surgical instrument assembly **4000** configured to be used with a surgical robot. The surgical instrument assembly **4000** is configured to staple and cut tissue, although the surgical instrument assembly **4000** could be adapted to treat tissue in any suitable way, such as by applying heat energy, electrical energy, and/or vibrations to the tissue, for example. Moreover, the surgical instrument assembly **4000** is modular and is configured to be interchangeable with other surgical instrument assemblies having the same and/or different functionalities. Referring to FIG. **30**, the surgical instrument assembly **4000** comprises, one, a sterile barrier **4100** configured to receive drive motions from a surgical robot interface of the surgical robot to which the sterile barrier **4100** is attached and, two, a control assembly **5000** configured to receive the drive motions from the sterile barrier **4100**. As discussed in greater detail below, the surgical instrument assembly further comprises a shaft assembly **6000** configured to receive the drive motions from the control assembly **5000**.

As discussed above, the sterile barrier **4100** is configured to be operably attached to a surgical robot interface and the control assembly **5000** is configured to be operably coupled with the sterile barrier **4100**. When the sterile barrier **4100** is attached to the surgical robot interface, the sterile barrier **4100** is configured to transmit drive motions from the surgical robot interface to the control assembly **5000** by way of a plurality of drive discs. The control assembly **5000** and the surgical robot interface are physically separated by the sterile barrier **4100** and, as a result, can be handled by different clinicians in different sterile fields. The drive discs

of the surgical robot interface are configured to drive five primary drive systems of the control assembly 5000 which are discussed below.

The control assembly 5000 is configured to be attached to the sterile barrier 4100 after the sterile barrier 4100 is already coupled to the surgical robot. Alternatively, the control assembly 5000 and the sterile barrier 4100 can be assembled prior to being attached to the surgical robot. Referring primarily to FIG. 31, the sterile barrier 4100 comprises a frame portion 4101 and a floating plate assembly 4108 comprising a plurality of drive discs nested therein. The floating plate assembly 4108 is configured to move vertically within the frame portion 4101 to permit the disengagement between the drive discs of the sterile barrier 4100 and the drive discs of the control assembly 5000 so that the control assembly 5000 may be attached to and detached from the sterile barrier 4100. The surgical robot interface may comprise corresponding vertically-movable drive outputs to permit the vertical movement of the floating plate assembly 4108 while maintaining driving engagement between the drive outputs and the drive discs of the surgical robot interface.

Referring primarily to FIGS. 32, 36, and 40, the floating assembly 4108 of the sterile barrier 4100 comprises a robot-facing plate 4110, an instrument-facing plate 4120, and a plurality of drive discs 7100, 8100, 9100, 10100, and 11100 nested between the robot-facing plate 4110 and the instrument-facing plate 4120. The robot-facing plate 4110 faces the surgical robot interface and comprises spring members 4112 configured to bias the robot-facing plate 4110 and, thus, the instrument-facing plate 4120 and the drive discs 7100, 8100, 9100, 10100, and 11100 toward the control assembly 5000. The floating plate assembly 4108 is biased toward the control assembly 5000 to maintain driving engagement between the drive discs 7100, 8100, 9100, 10100, and 11100 and the drive discs of the control assembly 5000. The spring members 4112 permit the floating plate assembly 4108 to be pushed away from the control assembly 5000 from the drive discs 7100, 8100, 9100, 10100, and 11100. The robot-facing plate 4110 also comprises alignment features 4114 configured to align with corresponding alignment features of the surgical robot interface and, as a result, align the sterile barrier 4100 with the surgical robot interface when the sterile barrier 4100 is assembled to the surgical robot interface.

To couple the sterile barrier 4100 and the control assembly 5000, the sterile barrier 4100 and the control assembly 5000 comprise various cooperating alignment elements which assist in the assembly of the sterile barrier 4100 and the control assembly 5000. As seen in FIG. 36, the control assembly 5000 comprises a lower housing 5100 and an upper housing 5200. The lower housing 5100 comprises alignment features 5120 configured to be received by corresponding alignment apertures 4122 of the instrument-facing plate 4120. The control assembly 5000 also comprises a tab 5130 extending from the lower housing 5100. The tab 5130 is configured to be received by an alignment notch 4102 defined in the sterile barrier 4100 when the control assembly 5000 is attached to the sterile barrier 4100. Similarly, referring to FIG. 40, the shaft assembly 6000 is configured to be received within a shaft-receiving notch 4104 of the sterile barrier 4100 in a snap-fit fashion, for example, when the control assembly 5000 is attached to the sterile barrier 4100.

Referring now to FIG. 36, the sterile barrier 4100 also comprises a notch 4106 defined therein configured to house

the floating plate assembly 4108. The notch 4106 permits the robot-facing plate 4110, the instrument-facing plate 4120, and the drive discs 7100, 8100, 9100, 10100, and 11100 to move relative to the frame portion 4101 of the sterile barrier 4100. This relative movement allows for space between the robot-facing plate 4110 and the surgical robot interface so that the drive discs 7100, 8100, 9100, 10100, and 11100 and the corresponding drive discs of the surgical robot interface may be properly aligned before engaging each other. This relative movement also allows for a decoupling mechanism 5400 to disengage the drive discs 7100, 8100, 9100, 10100, and 11100 from the control assembly 5000 so that the control assembly 5000 may be decoupled from the sterile barrier 4100.

Referring primarily to FIG. 40, the decoupling mechanism 5400 comprises two levers 5410 configured to disengage the control assembly 5000 and the sterile barrier 4100. Each lever 5410 is mounted to a bar 5420 comprising a plurality of pushing members 5430. Each lever 5410 is spring loaded against the lower housing 5100 with springs 5412 such that, when the levers 5410 are squeezed, the bars 5420 rotate downwardly and, thus, the pushing members 5430 rotate downwardly. Upon releasing the levers 5410, the levers 5410 are configured to be biased outwardly into their unengaged configuration by the springs 5412. The pushing members 5430 extend through apertures 5150 defined in the lower housing 5100 so that the pushing members 5430 can push the instrument-facing plate 4120 downwardly to disengage the alignment features 5120 from the apertures 4122 and to disengage the drive discs 7100, 8100, 9100, 10100, and 11100 from the control assembly 5000 such that the control assembly 5000 may be decoupled from the sterile barrier 4100.

Referring primarily to FIGS. 31 and 32, the surgical instrument assembly 4000 comprises a shaft rotation drive system 7000, a first articulation drive system 8000, a second articulation drive system 9000, a closure drive system 10000, and a firing drive system 11000. The drive disc 7100 is configured to drive the shaft rotation drive system 7000, the drive disc 8100 is configured to drive the first articulation drive system 8000, the drive disc 9100 is configured to drive the second articulation drive system 9000, the drive discs 10100 are configured to drive the closure drive system 10000, and the drive disc 11100 is configured to drive the firing drive system 11000.

Referring to FIG. 31, the shaft rotation drive system 7000 is configured to rotate the shaft assembly 6000 about a longitudinal axis LA. Referring now to FIG. 38, the shaft rotation drive system 7000 comprises an input drive disc 7110 operably coupled with the drive disc 7100 (FIG. 32) of the sterile barrier 4100. The input drive disc 7110 is fixedly attached to a drive shaft 7120 and is configured to rotate the drive shaft 7120 when the input drive disc 7110 is rotated. The drive shaft 7120 is configured to rotate a spur gear 7130 which is fixedly attached to the drive shaft 7120. The spur gear 7130 is operably meshed with a spur gear 7150. The spur gear 7150 is fixedly attached to a transfer shaft 7160 which, when rotated by the spur gear 7150, is configured to rotate a helical gear 7170 which is also attached to the drive shaft 7160. The helical gear 7170 is operably meshed with another helical gear 7180, which, referring to FIG. 31, is operably coupled with a proximal end 6702 (FIG. 33) of a spine 6700 of the shaft assembly 6000 such that the rotation of the helical gear 7180 rotates the spine 6700 and, thus, the shaft assembly 6000 about its longitudinal axis LA.

As seen in FIG. 31, the first articulation drive system 8000 and the second articulation drive system 9000 are configured

to cooperatively articulate the end effector **2100** of the shaft assembly **6000**. The first articulation drive system **8000** and the second articulation drive system **9000** are configured to cooperatively actuate the articulation drivers **2510**, **2530** (FIG. 43). The articulation drive systems **8000** and **9000** are configured to be antagonistically operated such that one of the articulation drive systems **8000**, **9000** pulls one of the articulation drivers **2510**, **2530** proximally and the other of the articulation drive systems **8000**, **9000** pushes the other of the articulation drivers **2510**, **2530** distally. That said, the drive systems **8000** and **9000** can be operated independently without the other being operated.

Referring again to FIG. 38, the first articulation drive system **8000** comprises an input drive disc **8110** operably coupled with the drive disc **8100** (FIG. 32) of the sterile barrier **4100**. The input drive disc **8110** is fixedly attached to a drive shaft **8120** and is configured to rotate the drive shaft **8120** when the input drive disc **8110** is rotated. The drive shaft **8120** is configured to rotate a pinion gear **8130** which is fixedly attached to the drive shaft **8120**. The pinion gear **8130** is operably meshed with a rack gear portion **8142** of an articulation drive member **8140** such that, as the pinion gear **8130** is rotated in a first rotational direction, the articulation drive member **8140** is configured to translate in a first translational direction. As the pinion gear **8130** is rotated in a second rotational direction, the articulation drive member **8140** is configured to translate in a second translational direction. The second rotational direction is opposite the first rotational direction.

Referring still to FIG. 38, the articulation drive member **8140** further comprises an actuator tab **8144** configured to translate an actuation yoke **8150**. Specifically, the actuator tab **8144** is configured to be received within an annular slot **8152** of the actuation yoke **8150** such that the actuation yoke **8150** can rotate about the longitudinal axis LA (FIG. 31) relative to the actuator tab **8144**. Such rotation will occur when the shaft rotation drive system **7000**, discussed above, is actuated. As shown in FIG. 51, the actuation yoke **8150** comprises an aperture **8154** defined therein. The aperture **8154** is configured to receive a proximal end **2511** of the articulation driver **2510** therein. The proximal end **2511** of the articulation driver **2510** is attached to the actuation yoke **8150** such that, as the actuation yoke **8150** is translated by the articulation drive member **8140**, the articulation driver **2510** is translated. As the articulation driver **2510** is translated, the end effector **2100** (FIG. 31) articulates as described above.

Referring to FIG. 50, the second articulation drive system **9000** comprises an input drive disc **9110** operably coupled with the drive disc **9100** (FIG. 32) of the sterile barrier **4100**. The input drive disc **9110** is fixedly attached to a drive shaft **9120** and is configured to rotate the drive shaft **9120** when the input drive disc **9110** is rotated. The drive shaft **9120** is configured to rotate a pinion gear **9130** which is fixedly attached to the drive shaft **9120**. The pinion gear **9130** is operably meshed with a rack gear portion **9142** of an articulation drive member **9140** such that, as the pinion gear **9130** is rotated in a first rotational direction, the articulation drive member **9140** is configured to translate in a first translational direction. As the pinion gear **9130** is rotated in a second rotational direction, the articulation drive member **9140** is configured to translate in a second translational direction. The second rotational direction is opposite the first rotational direction.

Referring still to FIG. 50, the articulation drive member **9140** further comprises an actuator tab **9144** configured to translate an actuation yoke **9150**. Specifically, the actuator

tab **9144** is configured to be received within an annular slot **9152** of the actuation yoke **9150** such that the actuation yoke **9150** can rotate about the longitudinal axis LA (FIG. 31) relative to the actuator tab **9144**. Such rotation will occur when the shaft rotation drive system **7000**, discussed above, is actuated. As shown in FIG. 38, the actuation yoke **9150** comprises an aperture **9154** defined therein. The aperture **9154** is configured to receive a proximal end **2531** of the articulation driver **2530** therein. The proximal end **2531** of the articulation driver **2530** is attached to the actuation yoke **8150** such that, as the actuation yoke **9150** is translated by the articulation drive member **9140**, the articulation driver **2530** is translated. As the articulation driver **2530** is translated, the end effector **2100** (FIG. 31) articulates as described above.

Referring to FIG. 41, the actuation yoke **8150** comprises a pair of shaft protrusion sections **8156** and the actuation yoke **9150** comprises a shaft protrusion sections **9156**. The shaft protrusion sections **8156** are configured to be received within slots **9158** of the actuation yoke **9150**. Similarly, the shaft protrusion sections **9156** are configured to be received within slots **8158** of the actuation yoke **8150**. The shaft protrusion sections **8156**, **9156** are configured to provide a nested support system for the actuation yokes **8150**, **9150**. The actuation yokes **8150**, **9150** are configured to rotate together in the same direction and translate longitudinally relative to each other in different directions.

The actuation of the articulation drive systems **8000**, **9000** will now be discussed in connection with FIGS. 45-49. To articulate the end effector **2100**, the drive discs **8100**, **9100** are actuated in the same rotational direction. Actuation of both drive discs **8100**, **9100** in the same rotational direction provides the antagonistic actuation of the articulation drivers **2530**, **2510** as discussed above. As shown in FIG. 48, the articulation driver **2510** is pushed in a distal direction DD and the articulation driver **2530** is pulled in a proximal direction PD to articulate the end effector **2100** in a first direction. To achieve this motion, the articulation drive disc **8100** and the articulation drive disc **9100** are rotated in the CW direction (FIG. 45). As shown in FIG. 49, the articulation driver **2510** is pulled in a proximal direction PD and the articulation driver **2530** is pushed in a distal direction DD to articulate the end effector **2100** in a second direction. The second direction is opposite the first direction. To achieve this motion, the articulation drive disc **8100** and the articulation drive disc **9100** are rotated in the CCW direction (FIG. 46).

Referring again to FIG. 31, the closure drive system **10000** is configured to clamp and unclamp tissue with the end effector **2100**. The closure drive system **10000** is configured to translate a closure tube **6100** relative to the spine **6700** (FIG. 36) to move the anvil jaw **2200** (FIG. 52) between open and closed positions. Referring primarily to FIGS. 38 and 50, the closure drive system **10000** comprises two input drive discs **10110**. Each input drive disc **10110** is operably coupled with one of the drive discs **10100** (FIG. 32) of the sterile barrier **4100**. Each input drive disc **10110** is attached to and configured to rotate a drive shaft **10120**. Each drive shaft **10120** comprises a spur gear **10130** fixedly attached thereto, wherein both spur gears **10130** are operably meshed with a primary drive gear **10140**. As a result, the closure drive system **10000** is driven by two input drive discs **10100**. Referring to FIG. 40, the primary drive gear **10140** is mounted to a shaft projection **5140** of a lower housing **5100** such that the primary drive gear **10140** is rotatable about the shaft projection **5140**. Although two

input drives are used in this instance, embodiments are envisioned where only one input drive is used.

As shown in FIGS. 53-59, the primary drive gear 10140 comprises a central recess 10142 configured to receive the shaft projection 5140 therein. The shaft projection 5140 and the central recess 10142 define a shaft axis about which the primary drive gear 10140 can rotate. The primary drive gear 10140 further comprises a spiral cam slot 10144 (FIG. 54) configured to cam and translate a pin 10152 (FIGS. 55-57) extending from a closure body 10150. FIG. 55 illustrates the pin 10152 abutting a first end wall 10145 of the spiral cam slot 10144. In this position, the end effector 2100 (FIG. 2) is in a fully open configuration. As the primary drive gear 10140 is rotated in the direction 10147, the pin 10152 is cammed by the primary drive gear 10140 and translated longitudinally relative to the primary drive gear 10140. The pin 10152 and, thus, the closure body 10150 (FIG. 54), is configured to translate a full closure stroke distance 10148. After a full rotation of the drive gear 10140, FIG. 57 illustrates the pin 10152 abutting a second end 10146 of the spiral cam slot 10144 at the end of the closure stroke. In this position, the end effector 2100 (FIG. 31) is in a fully clamped configuration.

To translate the closure tube 6100 (FIG. 31), the closure drive system 10000 comprises a first yoke 10160 pivotably coupled to the closure body 10150 by a pin 10191, a second yoke 10170 (FIG. 36) pivotably coupled to the first yoke 10160 by a pin 10192, and a closure tube shuttle 10180 comprising a tab 10182 which is pivotably coupled to the second yoke 10170 by a pin 10193. The closure tube shuttle 10180 is coupled to the closure tube 6100 via a shaft coupler 10190 (FIG. 36). The shaft coupler 10190 is positioned within a slot 6102 (FIG. 44) defined in the closure tube 6100 and a slot 10184 (FIG. 76) defined in the closure tube shuttle 10180 (FIG. 76). Thus, when the closure body 10150 translates proximally, the closure tube shuttle 10180 translates the closure tube 6100 proximally to open the end effector 2100. When the closure body 10150 is translated distally, the closure tube shuttle 10180 translates the closure tube 6100 distally to close the end effector 2100.

Referring again to FIG. 31, the firing drive system 11000 is configured to advance and retract the firing bar 2610 (FIG. 41) of the shaft assembly 6000. Referring to FIG. 50, the firing drive system 11000 comprises an input drive disc 11110 operably coupled with the drive disc 11100 (FIG. 32). The input drive disc 11110 is attached to and configured to rotate a drive shaft 11120. The drive shaft 11120 is configured to rotate a spur gear 11130 which is attached to the drive shaft 11120. The spur gear 11130 is operably meshed with a spur gear 11140 which is attached to another drive shaft 11142. The spur gear 11140 is operably meshed with a spur gear 11150 which is attached to another drive shaft 11152. Finally, the spur gear 11150 is operably meshed with an output pinion gear 11160 which is attached to another drive shaft 11162. The output pinion gear 11160 is operably meshed with a rack gear portion 11210 of a firing member 11200. Referring now to FIG. 35, a distal end 11202 of the firing member 11200 is coupled with a proximal end 6202 of a firing bar 6200 such that the firing bar 6200 can be rotated relative to the firing member 11200. Such rotation of the firing bar 6200 accommodates the rotation needed by the shaft rotation drive system 7000. The firing member 11200 is configured to translate the firing bar 6200 in a first translational direction when the drive disc 11100 is rotated in a first rotational direction. Similarly, the firing member 11200 is configured to translate the firing bar 6200 in a second translational direction when the drive disc 11100 is

rotated in a second rotational direction. The second translational direction is opposite the first translational direction. Referring now to FIG. 41, the firing bar 6200 comprises a distal end 6204 defining an aperture 6205 therein. The attachment tab 2614 of the proximal end 2616 of the firing bar 2610 is positioned within the aperture 6205 such that the firing bar 6200 can push and/or pull the firing bar 6210.

Referring now primarily to FIGS. 60-63, the control assembly 5000 further comprises a firing drive lock system 10400 configured to prevent the firing bar 6200 (FIG. 35) from being actuated when the end effector 2100 (FIG. 31) is in its unclamped configuration. More specifically, the firing drive lock system 10400 prevents the drive shaft 11120 (FIG. 50) from rotating when the closure body 10150 is in an unclamped position. The firing drive lock system 10400 comprises a firing rod lock link 10410 and a lock 10420. A distal end 10412 of the firing rod lock link 10410 is pivotably coupled to a laterally-extending tab 10158 of the closure body 10150. The firing rod lock link 10410 extends proximally toward the firing drive system 11000. The lock 10420 is pivotably coupled to a proximal end 10414 of the firing rod lock link 10410 by a pin 10424 and also to any one or more of the housings 5100, 5200, and 5300 of the control assembly 5000 by a pin 10422. Such an arrangement allows the firing rod lock link 10410 to pivot the lock 10420 about the pin 10422 as the closure body 10150 translates.

The lock 10420 further comprises a lock tooth 10426 configured to engage a gear 11340. Referring back to FIG. 50, the gear 11340 is fixedly attached to a shaft 11330. Another gear 11320 is also fixedly attached to the shaft 11330. Referring to FIG. 64, the gear 11320 is operably meshed with a gear 11310 which is fixedly attached to the drive shaft 11120. The gear 11340 is operably meshed with a gear 11350 which is also fixedly attached to the drive shaft 11120. As a result, preventing the gear 11340 from rotating prevents the rotation of the drive shaft 11120 and the actuation of the firing rod 6200 (FIG. 35).

FIGS. 60 and 62 illustrate the closure body 10150 in a position where the end effector 2100 (FIG. 31) is in an unclamped configuration. In this position, the closure body 10150 has pivoted the lock tooth 10426 into locking engagement with the gear 11340 to prevent the firing drive shaft 11120 from rotating. Preventing the firing drive shaft 11120 from rotating while the instrument is unclamped prevents premature movement of the firing rod 6200 (FIG. 35). Moving the end effector 2100 into a clamped configuration unlocks the firing drive. FIGS. 61 and 63 illustrate the closure body 10150 in a position where the end effector 2100 is in a clamped configuration. The closure body 10150 moves distally from its position in FIGS. 60 and 62 when the end effector 2100 is clamped. Distal movement of the closure body 10150 causes the firing rod lock link 10410 to pivot the lock 10420 away from the gear 11340 to disengage the lock tooth 10426 from the gear 11340 thereby permitting rotation of the gear 11340. In this position, the gears 11320, 11340 are permitted to rotate freely and, as a result, the firing drive shaft 11120 may rotate to actuate the firing rod 6200.

Referring now primarily to FIGS. 65-69, the control assembly 5000 (FIG. 30) further comprises a dual closure and firing lock system 10500 configured to prevent the firing member 2610 (FIG. 41) from being advanced before the end effector 2100 (FIG. 31) is in a fully clamped configuration. More specifically, the dual closure and firing lock system 10500 is configured to prevent the firing bar 6200 (FIG. 35) from being advanced before the closure tube 6100 (FIG. 35) is in its fully distal position, or sufficiently distal position. Moreover, once the firing bar 6200 is advanced, the dual

closure and firing lock system 10500 is configured to prevent the closure tube 6100 from being actuated before the firing bar 6200 is fully retracted back to its unfired position.

As shown in FIG. 65, the dual lock system 10500 comprises a lock pawl 10510 pivotably coupled to the spine 6700. The lock pawl 10510 is positioned within a spine cavity 6750 defined in the spine 6700. The lock pawl 10510 comprises a distal portion 10516 which is pivotably coupled to the spine 6700 by a pin 10520. As shown in FIG. 66, the lock pawl 10510 further comprises a closure tube lock protrusion 10512, a firing rod lock protrusion 10514, and a key portion 10517. FIG. 67 illustrates the closure tube 6100 in an unclamped position and the lock pawl 10510 in a configuration that prevents the firing rod 6200 from being advanced prior to the closure tube 6100 being moved distally to fully clamp the end effector 2100 (FIG. 31) as described above. In this position, a distal edge 6152 of an aperture 6150 defined in the closure tube 6100 abuts the key portion 10517. Also, in this position, the firing rod lock protrusion 10514 abuts a ledge 6212 defined in the firing rod 6200. This abutment prevents the firing rod 6200 from being advanced distally.

To lift the firing rod lock protrusion 10514 away from the ledge 6212 so that the ledge 6212 may clear the firing rod lock protrusion 10514, the closure tube 6100 is distally advanced to fully clamp the end effector 2100. This distal movement of the closure tube 6100 causes a proximal edge 6151 of the aperture 6150 to engage the key portion 10517. In such instances, the proximal edge 6151 rotates the lock pawl 10510 into the position illustrated in FIG. 68. When the lock pawl 10510 is rotated into this position, the closure tube lock protrusion 10512 is received within another aperture 6153 defined in the closure tube 6100. As can be seen in FIGS. 67-69, the aperture 6153 is proximal to the aperture 6150. Once the lock pawl 10510 rotates into the position illustrated in FIG. 68, the firing rod lock protrusion 10514 is clear of the ledge 6212 and the firing rod 6200 can be advanced through a staple-firing stroke.

FIG. 69 illustrates the firing rod 6200 in a partially advanced state. Once the ledge 6212 advances past the firing rod lock protrusion 10514, the lock pawl 10510 is unable to be rotated as it is held in position by the firing rod 6200. Moreover, as a result, the closure tube lock protrusion 10512 resides within the aperture 6153 for the duration of the firing stroke. As a result, the closure tube 6100 is unable to be actuated during the staple-firing stroke of the firing rod 6200. Once the firing rod 6200 is fully retracted back into the position illustrated in FIG. 67, the lock pawl 10510 can rotate back into locking engagement with the firing bar 6200 to prevent the firing bar 6200 from being actuated again. In various instances, a spring can be used to bias the lock pawl 10510 back into this position. In other instances, the lock pawl 10510 may require a preliminary proximal motion of the closure tube 6100 to rotate the lock pawl 10510 into engagement with the firing rod 6200. In either event, the closure tube 6100 can then be retracted to open the end effector 2100.

The surgical instrument assembly 4000 (FIG. 31) further comprises a manually-operated firing bailout system 11400. Referring primarily to FIGS. 50 and 71, the firing bailout system 11400 is configured to retract the firing member 2610 in the event that the firing drive system 11000 becomes inoperable. For example, when the load on the firing member 2610 and the firing drive system 11000 exceeds a threshold load, the surgical robot to which the surgical instrument assembly 4000 is attached may not be able to provide enough torque to the input drive disc 11110 to

overcome the load. In such an instance, the clinician can use the firing bailout system 11400 to manually retract the firing member 2610. Such manual retraction of the firing member 2610 also permits the jaws of the end effector 2100 to be opened, especially in instances where the firing member 2610 comprises an I-beam configuration which locks the jaws of the end effector 2100 together.

Referring to FIGS. 50, 51, and 71, the firing bailout system 11400 comprises a retraction lever 11410, a cam lobe 11420, a pin 11430, and a ratchet portion 11440. The retraction lever 11410 is accessible through a user-removable window 5420 of the upper housing 5200 (FIG. 40). The retraction lever 11410 and the cam lobe 11420 are pivotably coupled to the inner housing 5300 by way of the pin 11430. The retraction lever 11410 is configured to rotate the cam lobe 11420 about the pin 11430 to push on a cam plate 11432. The cam plate 11432 is positioned on top of the pinion gear 11160 of the firing drive system 11000, which is discussed above. When the cam plate 11432 is pushed downwardly, the pinion gear 11160 is pushed out of engagement with the rack gear portion 11210 such that the pinion gear 11160 can not translate the firing member 11200. Notably, the pinion gear 11160, absent the firing bailout system 11400, is biased into engagement with the firing member 11200 by a spring 11164.

During a retraction stroke of the retraction lever 11410, the retraction lever 11410 is configured to position the ratchet portion 11440 in engagement with an array of teeth 11220 defined in the top of the firing member 11200. The ratchet portion 11440 is pivotably coupled to the retraction lever 11410 about an axis 11441 which is off-center with respect to the pin 11430. A distal end 11445 of the ratchet portion 11440 is connected to the retraction lever 11410 via a spring 11450. The spring 11450 encourages a proximal end 11443 of the ratchet portion 11440 to rotate downwardly toward the teeth 11220. To prevent premature engagement between the teeth 11444 of the ratchet portion 11440 and the teeth 11220 of the firing member 11200, a ledge 5340 is positioned in the housing 5300 above the firing member 11200. The proximal end 11443 of the ratchet portion 11440 sits on top of and pushes down on the ledge 5340 until the proximal end 11443 is moved distally by the rotation of the lever 11410 enough to clear the ledge 5340. Once the proximal end 11443 clears the ledge 5340, the spring 11450 encourages the ratchet portion 11440 to rotate relative to the ratchet lever 11410 about the axis 11441. Such rotation causes the teeth 11444 to meshingly engage to with teeth 11220.

Further actuation of the retraction lever 11410 drives the ratchet portion 11440 proximally which, in turn, pulls the firing member 11200 proximally. In various instances, a single stroke of the lever 11410 is sufficient to fully retract the firing member 11200. In some instances, more than one stroke of the lever 11410 is needed to fully retract the firing member 11200. In such instances, the retraction lever 11410 is pushed downwardly to reset the lever 11410 such that the lever 11410 can be activated once again. As the lever 11410 is reset, the teeth 11444 slide distally across the top of the teeth 11220 without driving the firing member 11200. At this point, the ratchet portion 11440 re-engages the teeth 11220 of the firing member 11200 and performing an additional retraction stroke of the retraction lever 11410 will pull the firing member 11200 further proximally. The user is able to perform as many retraction strokes as necessary to fully retract the firing member 2610.

Referring to FIGS. 72-77, the surgical instrument assembly 4000 further comprises a manually-actuable closure

override system **10300**. As discussed further below, the closure override system **10300** can open the jaws of the end effector **2100**. The closure override system **10300** can be used when the surgical instrument assembly **4000** is operably coupled with a surgical robot and/or when the surgical instrument assembly **4000** is not coupled with a surgical robot. Referring to FIGS. **37** and **50**, the closure override system **10300** comprises, among other things, a lever **10301** and a lock **10310**. To use the closure override system **10300**, the clinician must unlock the lock **10310** by sliding the lock **10310** laterally outward with respect to the override lever **10301**. The lock **10310** comprises a pin **10311** extending therefrom which is received within a recess **10303** defined in the lever **10301**. Once the pin **10311** is pulled out of the recess **10303**, the lever **10301** can be rotated out of its unactuated position.

Referring primarily to FIG. **73**, the override lever **10301** is pivotably coupled to the upper housing **5200** (FIG. **40**) by a pin **10195** and is configured to utilize components of the closure drive system **10000** to, independent of the closure body **10150**, actuate the closure tube **6100**. The override lever **10301** comprises pin projections **10194** extending therefrom. The pin projections **10194** are positioned within a pair of slots **10162** defined in the first yoke **10160** of the closure drive system **10000**. When the lever **10301** is pulled upwardly into the position illustrated in FIG. **73**, the pin projections **10194** move from the proximal ends **10163** of the slots **10162** toward the distal ends **10164** of the slots **10162**. When the pins **10194** contact the sidewalls of the slots **10162**, the lever **10301** can pull the first yoke **10160** upwardly and cause the first yoke **10160** to rotate about the pin **10191**. Such rotation of the first yoke **10160** causes the first yoke **10160** to pull the second yoke **10170** upwardly causing the second yoke **10170** to rotate about the pin **10193**. Collectively, this rotation of the first yoke **10160** and the second yoke **10170** pulls the closure tube shuttle **10180** and the closure tube **6100** (FIG. **35**) proximally. In this instance, the closure tube shuttle **10180** is moved independently of the closure body **10150**. As discussed above, the proximal movement of the closure tube shuttle **10180** and the closure tube **6100** allows the jaws of the end effector **2100** to be opened. FIG. **74** illustrates the lever **10301** in a fully actuated position where the pin projections **10194** abut the distal ends **10164** of the slots **10162** and the closure tube shuttle **10180** and, thus, the closure tube **6100**, are retracted into their proximal-most positions.

Turning now to FIGS. **75-77**, the closure tube **6100** and the closure tube shuttle **10180** are configured to be actuated by either the closure drive system **10000** or the closure override system **10300**. FIG. **76** is a cross-sectional view of FIG. **75** and illustrates the closure tube **6100** and the closure tube shuttle **10180** in a retracted position caused by the closure override system **10300**. As can be seen from FIG. **76**, the shaft coupler **10190** couples the closure tube **6100** and the closure tube shuttle **10180** such that the movement of the closure tube shuttle **10180**, either proximally or distally, is transferred to the closure tube **6100**.

As illustrated in FIG. **36**, the spine **6700** of the shaft assembly **6000** is nested within the housings **5100**, **5200**, and **5300**. The spine **6700** of the shaft assembly **6000**, which is rotatably supported within the housings **5100**, **5200**, and **5300** (FIG. **40**), extends through the closure tube **6100**. The firing rod **6200**, which is translatable relative to the spine **6700**, extends through the spine **6700**.

FIG. **77** is a cross-sectional view of FIG. **75** and illustrates the closure tube **6100** and the closure tube shuttle **10180** in an unactuated position. As discussed above, the rotation of

the gears **10130**, in opposite directions, rotates the primary drive gear **10140**. The rotation of the primary drive gear **10140** translates the closure body **10150** proximally or distally owing to the spiral cam slot **10144** (FIGS. **55-57**) defined in the primary drive gear **10140** and the pin **10152** which extends from the closure body **10150** into the spiral cam slot **10144**. As can be seen from FIG. **77**, the translation of the closure body **10150** in the proximal direction translates the closure tube **6100** and the closure tube shuttle **10180** proximally and the translation of the closure body **10150** in the distal direction translates the closure tube **6100** and the closure tube shuttle **10180** distally.

Referring primarily to FIG. **70**, the surgical instrument assembly **4000** further comprises a secondary closure drive actuator **10600** which is accessible to a user on the exterior of the control assembly **5000**. The secondary closure drive actuator **10600** allows a clinician to manually drive the closure drive system **10000** when the surgical instrument assembly **4000** is not attached to a surgical robot, for example. The secondary closure drive actuator **10600** is positioned on the upper housing **5200** and comprises a knob **10610** removably attached to the closure drive shaft **10120** (FIG. **72**).

The knob **10610** is removably attached to the closure drive shaft **10120** by way of a driving tab extending from the knob **10610** and receiving slot **10126** defined in the closure drive shaft **10120** configured to receive the driving tab therein. The secondary closure drive actuator **10600** rotates with closure drive shaft **10120** when the closure drive system **10000** is operated by the surgical robot. In an alternative embodiment, the second closure drive actuator **10600** is configured to remain stationary relative to the closure drive shaft **10120** by way of slip joint until a clinician chooses to rotate the closure drive shaft **10120** with the secondary closure drive actuator **10600**. Such an arrangement can eliminate unnecessary motion of the knob **10610** when the closure drive system **10000** is operated by the surgical robot. The secondary closure drive actuator **10600** can be particularly useful to a clinician when the surgical instrument assembly **4000** is not attached to a surgical robot. Having the capability to open and close the jaws of an end effector via the secondary closure drive actuator **10600** may eliminate the need to place inadvertent stress on internal components when opening and closing the jaws of an end effector by grabbing the jaws themselves. A clinician is able to fully clamp and fully unclamp the jaws of an end effector with the secondary closure drive actuator **10600**.

Referring primarily to FIG. **70**, the knob **10610** is configured to be removably couplable to the control assembly **5000**. In the event that a clinician wants to manually open the jaws when the instrument is still attached to a surgical robot, the clinician can rotate the knob **10610** in an attempt to open the end effector **2100** prior to resorting to the closure override system **10300**. In the illustrated embodiment, the lever **10301** of the closure override system **10300** is positioned beneath the knob **10610**. Thus, the knob **10610** may need to be removed prior to actuation of the closure override system **10300**. In certain instances, the lever **10301** may automatically lift and decouple the knob **10610** from the housing **5200** of the control assembly **5000**. The above being said, a clinician can also actuate the knob **10610** and/or the closure override system **10300** when the surgical instrument assembly **4000** is detached from the surgical robot. In such an instance, a clinician is able to open the end effector **2100** and install a new staple cartridge, for example.

As discussed above, the surgical instrument assembly **4000** comprises two closure drive inputs. These two closure drive inputs can be used to monitor the position of the rotatable jaw of the end effector by differing the gear ratios between each input drive gear **10130** and the primary drive gear **10140**. Differing the gear ratios between the input gears and the primary drive gear requires the input gears to be rotated different amounts to drive the primary drive gear a given amount of rotation. Thus, the difference in the amount of rotation between the two input gears defines the amount of rotation of the primary drive gear. The amount of rotation of the primary drive gear directly corresponds to the position of the rotatable jaw. As a result, the difference in the amount of rotation between the two input gears is monitored by the surgical robot to identify the position of the rotatable jaw. Discussed in detail below, the closure drive systems **12100**, **12200** illustrated in FIGS. **78-81** utilize dissimilar drive input arrangements and can be used with the surgical instrument assembly **4000** to monitor the angle at which the rotatable jaw of the end effector is rotated. The differing gear ratio systems discussed above can also be adapted for use with any of the other drive systems of the surgical instrument assembly **4000** to monitor their respective outputs. For example, a firing drive system can use two drive inputs having two different gear ratios with a common drive output to monitor the position of the firing member.

Further to the above, the closure drive systems **12100**, **12200** can be used to determine the angle at which the rotatable jaw is rotated the instant the surgical instrument assembly is attached to the surgical robot. To achieve this, the surgical robot monitors its drive discs during attachment. The drive discs of the surgical robot can start at a home, or reference, position and, during the attachment of the control assembly **5000** to the robot, the robot can rotate its drive discs to align the drive discs of the surgical robot with the drive discs of the surgical instrument assembly. During this alignment phase, the surgical robot monitors the amount of rotation that its drive discs undergo to determine the position of the corresponding drive discs of the surgical instrument assembly. The surgical robot and/or surgical robot interface can contain encoders to monitor the position of its drive discs. Once the positions of the drive discs of the surgical instrument assembly are identified, the surgical robot can evaluate the difference in the amount of rotation between the drive discs and, thus, determine the angle at which the rotatable jaw of the end effector is rotated.

FIGS. **78** and **79** depict a closure drive system **12100**. In accordance with at least one alternative embodiment, the closure drive system **12100** comprises two different drive input arrangements which can separately or simultaneously drive a spiral cam gear **12140**. The closure drive system **12100** comprises a first input gear **12110** comprising a first number of teeth and a second input gear **12120** comprising a second number of teeth. The first number of teeth and second number of teeth are different. Both gears **12110**, **12120** are operably meshed with the spiral cam gear **12140**. The first input gear **12110** is directly meshed with spiral cam gear **12140** while the second input gear **12120** is meshed with the spiral cam gear **12140** via a double-sided rack gear **12130**. The double-sided rack gear **12130** is provided to maintain equal center-to-center distances between the input gears **12110**, **12120** and the spiral cam gear **12140**. The center-to-center distances are defined between the center of the input gears **12110**, **12120** and the center of the spiral cam gear **12140**, as illustrated in FIG. **78**. Such an arrangement allows the closure drive system **12100** to have two different gear ratios between the first input gear **12110** and the spiral

cam gear **12140** and the second input gear **12120** and the spiral cam gear **12140**. The spiral cam gear **12140** comprises a spiral cam slot **12142** configured to engage a closure body, such as the closure body **10150** (FIG. **75**), for example, to move the closure body **10150** proximally and distally. In various instances, the rack gear **12130** is flexible to curl within the housings such as housings **5100**, **5200**, and **5300** (FIG. **40**).

FIGS. **80** and **81** depict a closure drive system **12200** comprising two different drive input arrangements which can separately or simultaneously drive a primary drive gear **12240**. The closure drive system **12200** comprises a first input gear **12210** comprising a first number of input teeth and a second input gear **12220** comprising a second number of input teeth. The first number of input teeth and second number of input teeth are different. The first input gear **12210** is operably meshed with a secondary drive gear **12230**. The second input gear **12220** is operably meshed with the primary drive gear **12240**. The primary drive gear **12240** comprises a first number of drive teeth and the secondary drive gear **12230** comprises a second number of drive teeth which is different than the first number of drive teeth. In some instances, the first number of drive teeth and the second number of drive teeth are the same. In either event, the first input gear **12210** and the secondary drive gear **12230** comprise a first gear ratio and the second input gear **12220** and the primary drive gear **12240** comprise a second gear ratio which is different than the first gear ratio.

The primary drive gear **12240** and the secondary drive gear **12230** share a common drive axis. As a result, the closure drive system **12200** comprises two separate and different gear ratios which share the common drive axis. The spiral cam gear **12240** comprises a spiral cam slot **12242** configured to engage a closure body, such as the closure body **10150** (FIG. **75**), for example, to move the closure body proximally and distally.

As discussed above, the different gear ratios between the drive inputs and the primary drive output results in different amounts of input rotation to a common output rotation. This relationship is illustrated in the graph **12300** seen in FIG. **82**. To drive a primary drive gear, such as the primary drive gear **12140**, for example, a given amount of rotation, the amount of rotation of the first input gear is different than the amount of rotation of the second input gear. As discussed above, differing the amount of rotation required by the input gears **12110** and **12120** to rotate the primary drive gear **12140** a certain amount results in a difference in the amount of rotation between the two input gears **12110**, **12120**.

The difference in the amount of rotation between the two input gears corresponds to a defined amount of rotation of the primary drive gear, such as the primary drive gear **12140**, for example. This relationship can be seen in the graph **12310** seen in FIG. **83** and can be used to verify, or evaluate, the amount in which the primary drive gear **12140** has been rotated, as discussed in greater detail below. The amount of output rotation of the primary drive gear **12140** is then used to obtain data from a lookup table. The lookup table relates a range of calculated rotation differences corresponding to the input gears to a range of amounts of outputs of rotation. The lookup table also relates the range of calculated rotation differences corresponding to the input gears to the angle at which the rotatable jaw of the end effector is rotated.

The output angles of rotation of the primary drive gears **12140**, **12240** directly correspond to the position of the closure tube **6100**. Moreover, the position of the closure tube **6100** reveals the angle at which the rotatable jaw of the end effector **2100** is rotated. This direct relationship between the

output angle of rotation of the primary drive gear and the angle of the rotatable jaw is also contained within the lookup table. Thus, the instant the surgical instrument assembly is attached to the surgical robot, the surgical robot can determine whether the end effector **2100** is clamped, unclamped, partially clamped, and by how much. The surgical robot can then determine how much to adjust the position of the rotatable jaw, if necessary, for the next step in the surgical procedure. The surgical robot can determine that the end effector **2100** is not fully clamped and that the end effector **2100** needs to be fully clamped to insert the end effector **2100** through a trocar, for example. The surgical robot can also evaluate how much the rotatable jaw needs to be rotated and in what direction to move it to a fully clamped or fully unclamped position. In certain instances, the surgical robot can determine to fully unclamp the rotatable jaw to allow a clinician to insert a staple cartridge into the end effector **2100** and/or to ensure the end effector **2100** is ready for insertion into the trocar. For example, a clinician may replace a staple cartridge positioned within the end effector **2100** in such an instance.

Further to the above, the gear ratios between the input drive gears and the primary drive gear do not have to be significantly different. In fact, maintaining similar, but still different, ratios can prevent the input gears from creating large differences in rotation inputs which, in some instances, can confuse the robot controller, especially when the input gears make more than one full revolution during a closure stroke. In such an instance, a single difference angle of rotation may correspond to two different end effector configurations where the rotatable jaw is angled at two different angles. Maintaining similar, but different, ratios will increase the amount of unique difference angles of rotation that corresponds to a set of unique jaw angles.

When a surgical instrument assembly, such as the surgical instrument assembly **4000**, is not operably coupled to a surgical robot interface of a surgical robot, one of the methods for opening and closing the jaws of the end effector may comprise opening and closing the jaws manually. For example, a clinician may pinch the jaws closed to insert the end effector **2100** (FIG. 30) into a trocar prior to attaching the surgical instrument assembly to a surgical robot. Closing the jaws manually in such a manner causes the closure tube and, thus, the closure tube shuttle **10180**, to move distally. A closure drive system **13000** illustrated in FIGS. 84-86 can the back-driving of the closure drive discs when the jaws are closed manually, as discussed in greater detail below.

The closure drive assembly **13000** comprises various components of the closure drive system **10000** of the surgical instrument assembly **4000** of FIG. 30. The closure drive assembly **13000** further comprises a housing portion **13100** and a torsional spring **13110** mounted to a projection **13108** of the housing portion **13100**. Referring to FIG. 86, the housing portion **13100** also comprises an aperture **13102** defined therein comprising a proximal end **13104** and a distal end **13106**. The spring **13110** is configured to bias the primary drive gear **10140'** and, thus, the mounting projection **10141'** extending therefrom, toward the proximal end **13104** of the aperture **13102**. The biasing force applied by the torsional spring **13110** counteracts reaction loads applied by tissue through the closure tube **6100** urging the primary drive gear **10140'** distally. When the primary drive gear **10140'** is in the proximal position illustrated in FIGS. 84-86, the input drive gears **10130** driven by the input drive discs **10110'** and attached to the drive shafts **10120** are operably meshed with the primary drive gear **10140'** such that the

input drive gears **10130** rotate the primary drive gear **10140'** when rotated by the drive discs **10110'**.

When pinching the jaws closed, the closure tube shuttle **10180** will pull the closure body distally and, instead of rotating the primary drive gear **10140'** with the pin **10152** extending from the closure body into the cam slot **10142'**, the closure body and the primary drive gear **10140'** overcome the spring force applied by the torsional spring **13110** and move distally. This distal movement causes the primary drive gear **10140'** to disengage from the gears **10130** and causes the pin **10141'** to move distally within the aperture **13102** toward the distal end **13106** of the aperture **13102**. When the surgical instrument assembly **4000** is detached from the surgical robot, the closure drive system **13000** provides sufficient flexibility to permit a clinician to pull the end effector out through a trocar in the event that an operator of the surgical robot did not clamp the jaws prior to removal.

Many of the surgical instrument systems described herein are motivated by an electric motor; however, the surgical instrument systems described herein can be motivated in any suitable manner. In various instances, the surgical instrument systems described herein can be motivated by a manually-operated trigger, for example. In certain instances, the motors disclosed herein may comprise a portion or portions of a robotically controlled system. Moreover, any of the end effectors and/or tool assemblies disclosed herein can be utilized with a robotic surgical instrument system. U.S. patent application Ser. No. 13/118,241, entitled SURGICAL STAPLING INSTRUMENTS WITH ROTATABLE STAPLE DEPLOYMENT ARRANGEMENTS, now U.S. Pat. No. 9,072,535, for example, discloses several examples of a robotic surgical instrument system in greater detail.

The surgical instrument systems described herein have been described in connection with the deployment and deformation of staples; however, the embodiments described herein are not so limited. Various embodiments are envisioned which deploy fasteners other than staples, such as clamps or tacks, for example. Moreover, various embodiments are envisioned which utilize any suitable means for sealing tissue. For instance, an end effector in accordance with various embodiments can comprise electrodes configured to heat and seal the tissue. Also, for instance, an end effector in accordance with certain embodiments can apply vibrational energy to seal the tissue.

#### EXAMPLES

Example 1—A surgical instrument comprising a shaft. The shaft comprises a proximal end, a distal end, and a longitudinal axis extending between the proximal end and the distal end. The surgical instrument further comprises an end effector comprising an end effector frame rotatably coupled to the shaft about an articulation pivot, wherein the articulation pivot defines a fixed articulation axis, and wherein the fixed articulation axis is positioned laterally offset with respect to the longitudinal axis, a first articulation driver selectively movable between a first neutral position, a first distal position, and a first proximal position in response to corresponding first articulation control motions applied thereto, and a first articulation link operably coupled to the first articulation driver, the first articulation link extending transverse to the longitudinal axis and coupled to the end effector frame at a first attachment location. The surgical instrument further comprises a second articulation driver selectively movable between a second neutral position, a second distal position, and a second proximal position in response to corresponding second articulation control

motions applied thereto and a second articulation link operably coupled to the second articulation driver and extending transverse to the longitudinal axis and the first articulation link to be coupled to the end effector frame at a second attachment location.

Example 2—The surgical instrument of Example 1, wherein when the first articulation driver is moved from the first neutral position to the first distal position, the second articulation driver is moved to the second proximal position to rotate the end effector to a first fully articulated position about the articulation pivot and when the second articulation driver is moved from the second neutral position to the second distal position, the first articulation driver is moved to the first proximal position to rotate the end effector to a second fully articulated position about the articulation pivot.

Example 3—The surgical instrument of Examples 1 or 2, wherein when the first articulation driver is in the first neutral position and the second articulation driver is in the second neutral position, the end effector is axially aligned with the longitudinal axis in an unarticulated position.

Example 4—The surgical instrument of Examples 1, 2, or 3, wherein the first neutral position and the first distal position define a first distal articulation stroke of the first articulation driver, the first neutral position and the first proximal position define a first proximal articulation stroke of the first articulation driver, the second neutral position and the second distal position define a second distal articulation stroke of the second articulation driver, the second neutral position and the second proximal position define a second proximal articulation stroke of the second articulation driver, and the first distal articulation stroke is not equal to the second distal articulation stroke.

Example 5—The surgical instrument of Example 4, wherein the first distal articulation stroke is less than the second distal articulation stroke.

Example 6—The surgical instrument of Examples 4 or 5, wherein the first proximal articulation stroke is not equal to the second proximal articulation stroke.

Example 7—The surgical instrument of Examples 4, 5, or 6, wherein the first proximal articulation stroke is greater than the second proximal articulation stroke.

Example 8—The surgical instrument of Examples 1, 2, 3, 4, 5, 6, or 7, wherein the first articulation link comprises a first link length and wherein the second articulation link comprises a second link length that differs from the first link length.

Example 9—The surgical instrument of Examples 1, 2, 3, 4, 5, 6, 7, or 8, wherein the first attachment location is offset from the longitudinal axis a first offset distance, and wherein the second attachment location is offset from the longitudinal axis a second offset distance that differs from the first offset distance.

Example 10—The surgical instrument of Example 9, wherein the first offset distance is greater than the second offset distance.

Example 11—The surgical instrument of Examples 1, 2, 3, 4, 5, 6, 7, 8, 9, or 10, wherein the first articulation link is pivotally attached to the first articulation driver at a first link attachment location, wherein the second articulation link is pivotally attached to the second articulation driver at a second link attachment location, and wherein when the first articulation driver is in the first neutral position and the second articulation driver is in the second neutral position, the first link attachment location is axially offset from the second link attachment location.

Example 12—The surgical instrument of Example 11, wherein the first link attachment location is laterally offset

from the longitudinal axis a first lateral distance, and wherein the second link attachment location is laterally offset from the longitudinal axis a second lateral distance that differs from the first lateral distance.

Example 13—The surgical instrument of Example 12, wherein the second lateral distance is less than the first lateral distance.

Example 14—A surgical instrument comprising a controller comprising a source of first articulation control motions, a source of second articulation control motions, and a source of firing control motions. The surgical instrument further comprises a surgical tool operably coupleable to the controller, wherein the surgical tool comprises a shaft comprising a proximal end, a distal end, and a longitudinal axis extending between the proximal end and the distal end. The surgical tool further comprises an end effector comprising an end effector frame rotatably coupled to the shaft about an articulation pivot, wherein the articulation pivot defines a fixed articulation axis, and wherein the fixed articulation axis is positioned laterally offset with respect to the longitudinal axis, a first articulation driver selectively movable between a first neutral position, a first distal position, and a first proximal position in response to corresponding first articulation control motions applied thereto by the source of first articulation control motions, and a first articulation link operably coupled to the first articulation driver, the first articulation link extending transverse to the longitudinal axis and coupled to the end effector frame at a first attachment location. The surgical tool further comprises a second articulation driver selectively movable between a second neutral position, a second distal position, and a second proximal position in response to corresponding second articulation control motions applied thereto by the source of second articulation control motions, a second articulation link operably coupled to the second articulation driver and extending transverse to the longitudinal axis and the first articulation link to be coupled to the end effector frame at a second attachment location, and a firing member supported for selective axial travel between a starting and ending position within the end effector in response to firing control motions applied thereto by the source of firing control motions, wherein the source of the first articulation control motions applies an amount of the first articulation control motions to the first articulation driver that correspond to a desired articulated position of the end effector, and wherein the source of the second articulation control motions applies another amount of the second articulation control motions to the second articulation driver that correspond to the desired articulated position while the firing control motions are applied to the firing member.

Example 15—The surgical instrument of Example 14, wherein the controller comprises a handheld housing.

Example 16—The surgical instrument of Examples 14 or 15, wherein the controller comprises a tool mounting portion of a robotic system.

Example 17—The surgical instrument of Examples 14, 15, or 16, wherein the end effector further comprises a staple cartridge including staples removably stored therein.

Example 18—A surgical instrument comprising a shaft comprising a proximal end, a distal end, and a longitudinal axis extending between the proximal end and the distal end. The surgical instrument further comprises an end effector comprising an end effector frame rotatably coupled to the shaft about an articulation pivot, wherein the articulation pivot defines a fixed articulation axis, and wherein the fixed articulation axis is positioned laterally offset with respect to the longitudinal axis, a first articulation driver selectively

movable through a first distal articulation stroke between a first neutral position and a first distal position and a first proximal articulation stroke between the first neutral position and a first proximal position in response to corresponding first articulation control motions applied thereto, the first articulation driver operably coupled to the end effector frame at a first attachment location located on an opposite side of the longitudinal axis from which the first articulation driver is movably supported, and a second articulation driver selectively movable through a second distal articulation stroke between a second neutral position and a second distal position and a second proximal articulation stroke between the second neutral position and a second proximal position in response to corresponding second articulation control motions applied thereto, the second articulation driver operably coupled to the end effector frame at a second attachment location located on another opposite side of the longitudinal axis from which the second articulation driver is movably supported, and wherein the first distal articulation stroke comprises a first length that differs from a second length of the second distal articulation stroke.

Example 19—The surgical instrument of Example 18, wherein the first proximal articulation stroke is not equal to the second proximal articulation stroke.

Example 20—The surgical instrument of Examples 18 or 19, wherein the first articulation driver is coupled to the end effector frame by a first articulation link comprising a first link length and extending transversely to the longitudinal axis, and wherein the second articulation driver is coupled to the end effector frame by a second articulation link comprising a second link length that differs from the first link length and extending transversely relative to the longitudinal axis and the first articulation link.

Example 21—A surgical tool configured to interchangeably operably interface with a handheld controller and a tool holder of a robotic system. The surgical tool comprises a shaft comprising a proximal end and a distal end, an end effector operably coupled to the distal end of the shaft, a plurality of movable drive members operably supported by the shaft and configured to apply control motions to corresponding portions of the end effector, each movable drive member comprising a proximal coupler portion, and a docking housing coupled to the proximal end of the shaft, the docking housing configured to be interchangeably attachable to either one of the handheld controller and the tool holder, the docking housing operably supporting the proximal coupler portion of each movable drive member in a corresponding neutral coupling position to enable each proximal coupler portion to operably interface with a corresponding drive system of the handheld controller and the tool holder of the robotic system when the docking housing is attached thereto.

Example 22—The surgical tool of Example 21, wherein the plurality of movable drive members comprises a first axially movable drive member comprising a first proximal coupler portion, a second axially movable drive member comprising a second proximal coupler portion, a third axially movable drive member comprising a third proximal coupler portion, and a fourth axially movable drive member comprising a fourth proximal coupler portion.

Example 23—The surgical tool of Example 22, wherein the docking housing operably supports the first proximal coupler portion in a first neutral coupling position, the second proximal coupler portion in a second neutral coupling position, the third proximal coupler portion in a third neutral coupler position, and the fourth proximal coupler portion in a fourth neutral coupler position, wherein the first

neutral coupling position, the second neutral coupling position, the third neutral coupling position, and the fourth neutral coupler position are spaced in a predetermined serial axial alignment by the docking housing.

Example 24—The surgical tool of Example 23, wherein the docking housing comprises a lock member movable between a locked position where the lock member retains the first proximal coupler portion in the first neutral coupling position, the second proximal coupler portion in the second neutral coupler position, the third proximal coupler portion in the third neutral coupler position, and the fourth proximal coupler portion in the fourth neutral coupler position when the surgical tool is detached from either one of the handheld controller and the tool holder of the robotic system and an unlocked position when the docking housing is operably attached to either one of the handheld controller and the tool holder of the robotic system to thereby permit axial movement of the first proximal coupler portion, the second proximal coupler portion, the third proximal coupler portion, and the fourth proximal coupler portion.

Example 25—The surgical tool of Example 24, wherein the lock member is biased into the locked position when the docking housing is detached from either of the handheld controller and tool holder and automatically moves to the unlocked position when the docking housing is operably coupled to either of the handheld housing and the tool holder.

Example 26—The surgical tool of Examples 21, 22, 23, 24, or 25, wherein each of the handheld controller and the robotic system comprise a source of electrical power and wherein the docking housing is configured to facilitate transmission of the electrical power to the surgical tool when the docking housing is operably coupled to either one of the handheld controller and the tool holder of the robotic system.

Example 27—The surgical tool of Examples 21, 22, 23, 24, 25, or 26, wherein each of the handheld controller and the tool holder defines an actuation axis, and wherein the docking housing is interchangeably operably couplable to either of the handheld controller and the tool holder in an installation direction that is orthogonal to the actuation axis.

Example 28—The surgical tool of Examples 21, 22, 23, 24, 25, 26, or 27, wherein the handheld controller comprises a handle housing, wherein the tool holder comprises a tool holder housing, and wherein the docking housing is configured to be releasably interchangeably attachable to either of the handle housing and the tool holder housing.

Example 29—The surgical tool of Examples 21, 22, 23, 24, 25, 26, 27, or 28, further comprising a longitudinal axis between the proximal end and the distal end, wherein the shaft and the plurality of movable drive members are supported by the docking housing to facilitate rotation of the end effector about the longitudinal axis when the docking housing is operably attached to either of the handheld controller and the tool holder.

Example 30—The surgical tool of Examples 21, 22, 23, 24, 25, 26, 27, 28, or 29, wherein the end effector is configured to cut and staple tissue.

Example 31—A surgical tool configured to operably interface with either of a handheld controller and a tool holder of a robotic system. The surgical tool comprises a shaft comprising a proximal end and a distal end, an end effector rotatably coupled to the shaft about an articulation pivot, and an articulation driver arrangement operably supported by the shaft and coupled to the end effector for articulating the end effector about the articulation pivot, the articulation driver arrangement comprising a proximal

articulation coupler arrangement. The surgical tool further comprises a firing member supported for selective axial travel between a starting and ending position within the end effector, a firing driver supported by the shaft and configured to move the firing member between the starting and ending position, the firing driver comprising a proximal firing coupler, and a docking housing coupled to the proximal end of the shaft and configured to be interchangeably operably attached to either of the handheld controller and the tool holder, the docking housing supporting the proximal articulation coupler arrangement in a neutral articulation coupler position oriented to operably interface with articulation control systems of the handheld controller and the tool holder of the robotic system and the proximal firing coupler in a neutral firing coupler position oriented to operably interface with firing control systems of the handheld controller and the tool holder of the robotic system when the docking housing is operably attached thereto.

Example 32—The surgical tool of Example 31, wherein the articulation driver arrangement further comprises a first axially movable articulation driver and a second axially movable articulation driver. The proximal articulation coupler arrangement comprises a first articulation coupler on a first proximal end of the first articulation driver and configured to operably interface with a first articulation control system of either of the handheld controller and the tool holder and a second articulation coupler on a second proximal end of the second articulation driver and configured to operably interface with a second articulation control system of either of the handheld controller and the tool holder.

Example 33—The surgical tool of Example 32, wherein when the first articulation driver moves in a first direction, the second articulation driver moves in a second direction that is opposite the first direction.

Example 34—The surgical tool of Examples 31, 32, or 33 wherein the end effector comprises a first jaw rotatably coupled to the shaft about the articulation pivot and a second jaw movably supported relative to the first jaw, wherein the surgical tool further comprises a closure assembly supported by the shaft and configured to selectively move at least one of the first and second jaws between open and closed positions, the closure assembly comprising a proximal closure coupler that is supported by the docking housing in a neutral closure coupler position oriented to operably interface with a closure control system in either of the handheld controller and the tool holder.

Example 35—The surgical tool of Example 34, wherein one of the first and second jaws is configured to operably support a staple cartridge including staples removably stored therein.

Example 36—The surgical tool of Examples 31, 32, 33, 34, or 35, further comprising a longitudinal axis between the proximal end and distal end of the shaft, wherein the shaft and the articulation driver arrangement and the firing driver are supported by the docking housing to facilitate rotation of the end effector about the longitudinal axis when the docking housing is operably attached to either of the handheld controller and the tool holder.

Example 37—The surgical tool of Examples 31, 32, 33, 34, 35, or 36, wherein the docking housing operably supports the proximal articulation coupler arrangement in a neutral articulation coupling position and the proximal firing coupler in a neutral firing coupling position, and wherein the neutral firing coupling position, the neutral articulation coupling position, and the neutral closure coupling position are spaced in a predetermined serial axial alignment by the docking housing.

Example 38—The surgical tool of Example 37, wherein the docking housing comprises a lock member movable between a locked position where the lock member retains the proximal firing coupler in the neutral firing coupling position, the proximal articulation coupler arrangement in the neutral articulation coupling position, and the proximal closure coupler in the neutral closure coupler position when the surgical tool is detached from either one of the handheld controller and the tool holder of the robotic system and an unlocked position when the docking housing is operably attached to either one of the handheld controller and the tool holder of the robotic system to thereby permit axial movement of the proximal firing coupler, the proximal articulation coupler arrangement, and the proximal closure coupler.

Example 39—A surgical tool configured to interchangeably operably interface with either of a handheld controller and a tool holder of a robotic system. The surgical tool comprises a shaft comprising a proximal end and a distal end, an end effector operably coupled to the distal end of the shaft, a plurality of axially movable drive members operably supported by the shaft and configured to apply axial control motions to corresponding portions of the end effector, each axially movable drive member comprising a proximal coupler portion, and a docking means coupled to the proximal end of the shaft for interchangeably coupling the surgical tool to either one of the handheld controller and the tool holder of the robotic system and operably supporting the proximal coupler portion of each movable drive member in a corresponding neutral coupling position to enable each proximal coupler portion to operably interface with a corresponding drive system of the handheld controller and the tool holder of the robotic system when the docking means is attached thereto.

Example 40—The surgical tool of Example 39, wherein the end effector is configured to cut and staple tissue.

Example 41—A surgical instrument assembly comprising an end effector, comprising a staple cartridge comprising a plurality of staples removably stored therein, an anvil, a first jaw, and a second jaw movable relative to the first jaw. The surgical instrument assembly further comprises a shaft assembly comprising a distal end, wherein the end effector extends from the distal end, a closure member configured to move the second jaw relative to the first jaw, and a firing member configured to eject the staples from the staple cartridge. The surgical instrument assembly further comprises a closure drive system configured to actuate the closure member through a closure stroke, wherein the closure stroke comprises a proximal closure stroke position where the second jaw is in an unclamped configuration and a distal closure stroke position where the second jaw is in a clamped configuration, a firing drive system configured to actuate the firing member through a firing stroke, wherein the firing stroke comprises a proximal firing stroke position where none of the staples have been ejected from the staple cartridge and a distal firing stroke position where all of the staples have been ejected from the staple cartridge and a dual lock engaged with the closure member and the firing member, wherein the dual lock is configured to prevent the firing member from being advanced distally from the proximal firing stroke position before the closure member is in the distal closure stroke position, and wherein the dual lock is configured to prevent the closure member from being retracted from the distal closure stroke position before the firing member is returned to the proximal firing stroke position after the firing stroke.

Example 42—The surgical instrument assembly of Example 41, further comprising a spine portion, wherein the dual lock is rotatably coupled to the spine portion.

Example 43—The surgical instrument assembly of Examples 41 or 42, wherein the closure member comprises a first aperture configured to receive a first portion of the dual lock and a second aperture configured to receive a second portion of the dual lock, and wherein the firing member is unlocked when the second portion of the dual lock is received within the second aperture.

Example 44—The surgical instrument assembly of Example 43, wherein the first aperture comprises a proximal aperture edge and a distal aperture edge, and wherein the firing member is unlocked when the first portion of the dual lock is in contact with the proximal aperture edge.

Example 45—The surgical instrument assembly of Examples 41, 42, 43, or 44, wherein the closure member comprises a first aperture configured to receive a first portion of the dual lock and a second aperture configured to receive a second portion of the dual lock, wherein the first aperture comprises a proximal aperture edge and a distal aperture edge, and wherein the firing member comprises a ledge configured to engage the dual lock to prevent the firing member from being advanced from the proximal firing stroke position when the first portion of the dual lock is in contact with the distal aperture edge.

Example 46—The surgical instrument assembly of Examples 41, 42, 43, 44, or 45, wherein the closure member is configured to concurrently unlock the firing member and lock the closure member when the closure member is moved into the distal closure stroke position.

Example 47—The surgical instrument assembly of Examples 41, 42, 43, 44, 45, or 46, wherein the firing drive system comprises a rotary firing input, and wherein the surgical instrument assembly further comprises a firing drive system lock configured to lock the rotary firing input when the closure drive system moves the closure member into the proximal closure stroke position.

Example 48—The surgical instrument assembly of Examples 41, 42, 43, 44, 45, 46, or 47, wherein the shaft assembly defines a longitudinal instrument axis, and wherein the dual lock comprises a lock pawl rotatable about a lock axis which is transverse to the longitudinal instrument axis.

Example 49—The surgical instrument assembly of Examples 41, 42, 43, 44, 45, 46, 47, or 48, wherein the closure member and the firing member are movable relative to the dual lock.

Example 50—A surgical instrument attachment configured to be attached to and detached from a surgical robot. The surgical instrument attachment comprises an end effector comprising a staple cartridge comprising a plurality of staples removably stored therein, an anvil, a first jaw, and a second jaw movable relative to the first jaw. The surgical instrument attachment further comprises a shaft assembly extending from the distal end, a closure member configured to move the second jaw relative to the first jaw, and a firing member configured to eject the staples from the staple cartridge. The surgical instrument attachment further comprises a closure drive system configured to actuate the closure member through a closure stroke, wherein the closure stroke comprises a first closure stroke position where the second jaw is in an open configuration and a second closure stroke position where the second jaw is in a closed configuration, a firing drive system configured to actuate the firing member through a firing stroke, wherein the firing

stroke comprises a first firing stroke position where none of the staples have been ejected from the staple cartridge and a second firing stroke position where all of the staples have been ejected from the staple cartridge and a locking mechanism coupled to the frame, wherein the locking mechanism is configured to prevent the firing member from being advanced distally from the first firing stroke position toward the second firing stroke position before the closure member is in the second closure stroke position, and wherein the locking mechanism is configured to prevent the closure member from being retracted from the second closure stroke position toward the first closure stroke position before the firing member is returned to the first firing stroke position after the firing stroke.

Example 51—The surgical instrument attachment of Example 50, wherein the locking mechanism is rotatably coupled to the frame.

Example 52—The surgical instrument attachment of Examples 50 or 51, wherein the closure member comprises a first aperture configured to receive a first portion of the locking mechanism and a second aperture configured to receive a second portion of the locking mechanism, and wherein the firing member is unlocked when the second portion of the locking mechanism is received within the second aperture.

Example 53—The surgical instrument attachment of Example 52, wherein the first aperture comprises a proximal aperture edge and a distal aperture edge, and wherein the firing member is unlocked when the first portion of the locking mechanism is in contact with the proximal aperture edge.

Example 54—The surgical instrument attachment of Examples 50, 51, 52, or 53, wherein the closure member comprises a first aperture configured to receive a first portion of the locking mechanism and a second aperture configured to receive a second portion of the locking mechanism, wherein the first aperture comprises a proximal aperture edge and a distal aperture edge, and wherein the firing member comprises a ledge configured to engage the locking mechanism to prevent the firing member from being advanced from the first firing stroke position when the first portion of the locking mechanism is in contact with the distal aperture edge.

Example 55—The surgical instrument attachment of Examples 50, 51, 52, 53, or 54, wherein the closure member is configured to concurrently unlock the firing member and lock the closure member when the closure member is moved into the second closure stroke position.

Example 56—The surgical instrument attachment of Examples 50, 51, 52, 53, 54, or 55, wherein the firing drive system comprises a rotary firing input, and wherein the surgical instrument attachment further comprises a firing drive system lock configured to lock the rotary firing input when the closure drive system moves the closure member into the first closure stroke position.

Example 57—The surgical instrument attachment of Examples 50, 51, 52, 53, 54, 55, or 56, wherein the shaft assembly defines a longitudinal instrument axis, and wherein the locking mechanism comprises a lock pawl rotatable about a lock axis which is transverse to the longitudinal instrument axis.

Example 58—The surgical instrument attachment of Examples 50, 51, 52, 53, 54, 55, 56, or 57, wherein the closure member and the firing member are movable relative to the locking mechanism.

Example 59—A surgical instrument assembly comprising an end effector comprising a staple cartridge comprising a

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plurality of staples removably stored therein, a first jaw, and a second jaw movable relative to the first jaw. The surgical instrument assembly further comprises a shaft assembly comprising a closure member configured to move the second jaw relative to the first jaw and a firing member configured to eject the staples from the staple cartridge, a closure drive system configured to actuate the closure member through a closure stroke, wherein the closure stroke comprises a proximal closure stroke position where the second jaw is in an unclamped configuration and a distal closure stroke position where the second jaw is in a clamped configuration, and a firing drive system configured to actuate the firing member through a firing stroke, wherein the firing stroke comprises a proximal firing stroke position where none of the staples have been ejected from the staple cartridge and a distal firing stroke position where all of the staples have been ejected from the staple cartridge. The surgical instrument assembly further comprises means for automatically locking the firing member in the proximal firing stroke position until the closure member is moved into the distal closure stroke position and for automatically locking the closure member in the distal closure stroke position until the firing member is returned to the proximal firing stroke position after the firing stroke.

Example 60—The surgical instrument assembly of Example 59, further comprising a spine portion, wherein the means comprises a lock pawl rotatably coupled to the spine portion.

Example 61—A surgical instrument assembly configured to be operably attached to and detached from a surgical robot interface. The surgical instrument assembly comprises a shaft assembly comprising an end effector comprising a staple cartridge, an anvil, a first jaw, and a second jaw movable relative to the first jaw between an unclamped configuration and a clamped configuration. The shaft assembly further comprises a distal end, wherein the end effector extends from the distal end of the shaft assembly, and a closure drive member configured to move the second jaw relative to the first jaw. The surgical instrument assembly further comprises a control assembly, wherein the shaft assembly is operably coupled with the control assembly. The control assembly comprises a housing, a closure drive system configured to actuate the closure drive member, wherein the closure drive system comprises a rotary input drive configured to be driven by a rotary drive member of the surgical robot interface when the surgical instrument assembly is operably attached to the surgical robot interface, and an exterior closure drive actuator operably coupled to the input drive, wherein the exterior closure drive actuator is exterior to the housing, and wherein the exterior closure drive actuator is configured to be actuated by a clinician to manually rotate the rotary input drive to move the second jaw between the unclamped configuration and the clamped configuration when the surgical instrument assembly is not operably attached to the surgical robot interface.

Example 62—The surgical instrument assembly of Example 61, further comprising a closure drive bailout operably coupled to the closure drive member, wherein the closure drive bailout is operable independently of the rotary input drive.

Example 63—The surgical instrument assembly of Examples 61 or 62, wherein the end effector further comprises a cutting member, wherein the shaft assembly further comprises a firing drive member operably attached to the cutting member, and wherein the control assembly further comprises a firing drive system configured to actuate the firing drive member.

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Example 64—The surgical instrument assembly of Examples 61, 62, or 63, wherein the control assembly further comprises a firing bailout configured to be actuated by a clinician to manually actuate the firing drive member.

Example 65—The surgical instrument assembly of Examples 61, 62, 63, or 64, wherein the closure drive system further comprises a primary drive gear comprising a spiral cam slot defined therein, and wherein the spiral cam slot is engaged with the closure drive member such that rotation of the primary drive gear by the rotary input drive is configured to translate the closure drive member.

Example 66—The surgical instrument assembly of Example 65, wherein the rotary input drive comprises a first rotary input drive, wherein the first rotary input drive comprises a first rotary input drive gear meshed with the primary drive gear, wherein the closure drive system further comprises a second rotary input drive, wherein the second rotary input drive comprises a second rotary input drive gear meshed with the primary drive gear, and wherein both the first rotary input drive and the second rotary input drive are configured to rotate the primary drive gear simultaneously.

Example 67—The surgical instrument assembly of Examples 65 or 66, wherein the primary drive gear comprises a fixed axis of rotation and is mounted to the housing.

Example 68—The surgical instrument assembly of Examples 61, 62, 63, 64, 65, 66, or 67, further comprising a sterile adapter configured to transfer rotary drive motions from the rotary drive member of the surgical robot interface to the rotary input drive of the closure drive system.

Example 69—A surgical instrument assembly configured to be operably coupled to and decoupled from a surgical robot. The surgical instrument assembly comprises a shaft assembly comprising an end effector comprising a staple cartridge comprising a plurality staples removably stored therein, an anvil, a first jaw, and a second jaw movable relative to the first jaw between an unclamped configuration and a clamped configuration. The shaft assembly further comprises a distal end, wherein the end effector is operably coupled with the distal end of the shaft assembly, a firing drive member configured to eject the staples from the staple cartridge, and a closure drive member configured to move the second jaw relative to the first jaw. The surgical instrument assembly further comprises a control assembly, wherein the shaft assembly is operably coupled with the control assembly. The control assembly comprises a housing comprising an external surface, a firing drive system configured to actuate the firing drive member, a closure drive system configured to actuate the closure drive member, wherein the closure drive system comprises a primary rotary input drive configured to be driven by a rotary drive actuator of the surgical robot when the surgical instrument assembly is operably attached to the surgical robot, wherein the closure drive member translates longitudinally within the shaft assembly upon actuation of the primary rotary input drive, and a secondary closure drive actuator operably coupled to the primary rotary input drive, wherein the secondary closure drive actuator extends through the external surface of the housing, wherein the secondary closure drive actuator is configured to be actuated by a clinician to manually actuate the primary rotary input drive to move the second jaw between the unclamped configuration and the clamped configuration when the surgical instrument assembly is not coupled to the surgical robot.

Example 70—The surgical instrument assembly of Example 69, further comprising a closure drive bailout

operably coupled to the closure drive member, wherein the closure drive bailout is operable independently of the primary rotary input drive.

Example 71—The surgical instrument assembly of Examples 69 or 70, wherein the end effector further comprises a cutting member, wherein the shaft assembly further comprises a firing drive member operably attached to the cutting member, and wherein the control assembly further comprises a firing drive system configured to actuate the firing drive member.

Example 72—The surgical instrument assembly of Examples 69, 70, or 71, wherein the control assembly further comprises a firing bailout configured to be actuated by a clinician to manually actuate the firing drive member.

Example 73—The surgical instrument assembly of Examples 69, 70, 71, or 72, wherein the closure drive system further comprises a primary drive gear comprising a spiral cam slot defined therein, and wherein the spiral cam slot is engaged with the closure drive member such that rotation of the primary drive gear by the primary rotary input drive is configured to translate the closure drive member.

Example 74—The surgical instrument assembly of Example 73, wherein the primary rotary input drive comprises a first primary rotary input drive, wherein the first primary rotary input drive comprises a first input drive gear meshed with the primary drive gear, wherein the closure drive system further comprises a second primary rotary input drive, wherein the second primary rotary input drive comprises a second input drive gear meshed with the primary drive gear, and wherein both the first primary rotary input drive and the second primary rotary input drive are configured to rotate the primary drive gear simultaneously.

Example 75—The surgical instrument assembly of Examples 73 or 74, wherein the primary drive gear comprises a fixed axis of rotation and is mounted to the housing.

Example 76—The surgical instrument assembly of Examples 69, 70, 71, 72, 73, 74, or 75, further comprising a sterile adapter configured to transfer rotary drive motions from the rotary drive actuator of the surgical robot to the primary rotary input drive of the closure drive system.

Example 77—A surgical robot attachment configured to be attached to and detached from a surgical robot. The surgical robot attachment comprises a shaft assembly comprising an end effector, wherein the end effector comprises a closure mechanism and a movable jaw configured to moved between an unclamped configuration and a clamped configuration by the closure mechanism, and an attachment interface. The attachment interface comprises a housing, a first closure drive system comprising a robotic input configured to be operably coupled with a corresponding drive of the surgical robot when the surgical robot attachment is attached to the surgical robot, wherein the robotic input is configured to be driven by the corresponding drive of the surgical robot to actuate the closure mechanism, and a second closure drive system comprising a user-accessible input distinct and separate from the robotic input, and wherein the user-accessible input is manually actuatable to actuate the closure mechanism when the surgical robot attachment is not attached to the surgical robot.

Example 78—The surgical robot attachment of Example 77, wherein the attachment interface further comprises a primary drive gear comprising a spiral cam slot defined therein, and wherein the spiral cam slot is engaged with the closure link such that rotation of the primary drive gear by the first closure drive system is configured to translate the closure link.

Example 79—The surgical robot attachment of Example 78, wherein the robotic input comprises a first robotic input, wherein the first robotic input comprises a first input drive gear meshed with the primary drive gear, wherein the attachment interface further comprises a second robotic input, wherein the second robotic input comprises a second input drive gear meshed with the primary drive gear, and wherein both the first robotic input and the second robotic input are configured to rotate the primary drive gear simultaneously.

Example 80—The surgical robot attachment of Examples 77, 78, or 79, further comprising a staple cartridge comprising a plurality of staples removably stored therein.

The entire disclosures of:

U.S. Pat. No. 5,403,312, entitled ELECTROSURGICAL HEMOSTATIC DEVICE, which issued on Apr. 4, 1995;

U.S. Pat. No. 7,000,818, entitled SURGICAL STAPLING INSTRUMENT HAVING SEPARATE DISTINCT CLOSING AND FIRING SYSTEMS, which issued on Feb. 21, 2006;

U.S. Pat. No. 7,422,139, entitled MOTOR-DRIVEN SURGICAL CUTTING AND FASTENING INSTRUMENT WITH TACTILE POSITION FEEDBACK, which issued on Sep. 9, 2008;

U.S. Pat. No. 7,464,849, entitled ELECTRO-MECHANICAL SURGICAL INSTRUMENT WITH CLOSURE SYSTEM AND ANVIL ALIGNMENT COMPONENTS, which issued on Dec. 16, 2008;

U.S. Pat. No. 7,670,334, entitled SURGICAL INSTRUMENT HAVING AN ARTICULATING END EFFECTOR, which issued on Mar. 2, 2010;

U.S. Pat. No. 7,753,245, entitled SURGICAL STAPLING INSTRUMENTS, which issued on Jul. 13, 2010;

U.S. Pat. No. 8,393,514, entitled SELECTIVELY ORIENTABLE IMPLANTABLE FASTENER CARTRIDGE, which issued on Mar. 12, 2013;

U.S. patent application Ser. No. 11/343,803, entitled SURGICAL INSTRUMENT HAVING RECORDING CAPABILITIES, now U.S. Pat. No. 7,845,537;

U.S. patent application Ser. No. 12/031,573, entitled SURGICAL CUTTING AND FASTENING INSTRUMENT HAVING RF ELECTRODES, filed Feb. 14, 2008;

U.S. patent application Ser. No. 12/031,873, entitled END EFFECTORS FOR A SURGICAL CUTTING AND STAPLING INSTRUMENT, filed Feb. 15, 2008, now U.S. Pat. No. 7,980,443;

U.S. patent application Ser. No. 12/235,782, entitled MOTOR-DRIVEN SURGICAL CUTTING INSTRUMENT, now U.S. Pat. No. 8,210,411;

U.S. patent application Ser. No. 12/249,117, entitled POWERED SURGICAL CUTTING AND STAPLING APPARATUS WITH MANUALLY RETRACTABLE FIRING SYSTEM, now U.S. Pat. No. 8,608,045;

U.S. patent application Ser. No. 12/647,100, entitled MOTOR-DRIVEN SURGICAL CUTTING INSTRUMENT WITH ELECTRIC ACTUATOR DIRECTIONAL CONTROL ASSEMBLY, filed Dec. 24, 2009, now U.S. Pat. No. 8,220,688;

U.S. patent application Ser. No. 12/893,461, entitled STAPLE CARTRIDGE, filed Sep. 29, 2012, now U.S. Pat. No. 8,733,613;

U.S. patent application Ser. No. 13/036,647, entitled SURGICAL STAPLING INSTRUMENT, filed Feb. 28, 2011, now U.S. Pat. No. 8,561,870;

U.S. patent application Ser. No. 13/118,241, entitled SURGICAL STAPLING INSTRUMENTS WITH ROTATABLE STAPLE DEPLOYMENT ARRANGEMENTS, now U.S. Pat. No. 9,072,535;

U.S. patent application Ser. No. 13/524,049, entitled ARTICULATABLE SURGICAL INSTRUMENT COMPRISING A FIRING DRIVE, filed on Jun. 15, 2012, now U.S. Pat. No. 9,101,358;

U.S. patent application Ser. No. 13/800,025, entitled STAPLE CARTRIDGE TISSUE THICKNESS SENSOR SYSTEM, filed on Mar. 13, 2013, now U.S. Pat. No. 9,345,481;

U.S. patent application Ser. No. 13/800,067, entitled STAPLE CARTRIDGE TISSUE THICKNESS SENSOR SYSTEM, filed on Mar. 13, 2013, now U.S. Patent Application Publication No. 2014/0263552;

U.S. Patent Application Publication No. 2007/0175955, entitled SURGICAL CUTTING AND FASTENING INSTRUMENT WITH CLOSURE TRIGGER LOCKING MECHANISM, filed Jan. 31, 2006; and

U.S. Patent Application Publication No. 2010/0264194, entitled SURGICAL STAPLING INSTRUMENT WITH AN ARTICULATABLE END EFFECTOR, filed Apr. 22, 2010, now U.S. Pat. No. 8,308,040, are hereby incorporated by reference herein.

Although various devices have been described herein in connection with certain embodiments, modifications and variations to those embodiments may be implemented. Particular features, structures, or characteristics may be combined in any suitable manner in one or more embodiments. Thus, the particular features, structures, or characteristics illustrated or described in connection with one embodiment may be combined in whole or in part, with the features, structures or characteristics of one or more other embodiments without limitation. Also, where materials are disclosed for certain components, other materials may be used. Furthermore, according to various embodiments, a single component may be replaced by multiple components, and multiple components may be replaced by a single component, to perform a given function or functions. The foregoing description and following claims are intended to cover all such modification and variations.

The devices disclosed herein can be designed to be disposed of after a single use, or they can be designed to be used multiple times. In either case, however, a device can be reconditioned for reuse after at least one use. Reconditioning can include any combination of the steps including, but not limited to, the disassembly of the device, followed by cleaning or replacement of particular pieces of the device, and subsequent reassembly of the device. In particular, a reconditioning facility and/or surgical team can disassemble a device and, after cleaning and/or replacing particular parts of the device, the device can be reassembled for subsequent use. Those skilled in the art will appreciate that reconditioning of a device can utilize a variety of techniques for disassembly, cleaning/replacement, and reassembly. Use of such techniques, and the resulting reconditioned device, are all within the scope of the present application.

The devices disclosed herein may be processed before surgery. First, a new or used instrument may be obtained and, when necessary, cleaned. The instrument may then be sterilized. In one sterilization technique, the instrument is placed in a closed and sealed container, such as a plastic or TYVEK bag. The container and instrument may then be placed in a field of radiation that can penetrate the container, such as gamma radiation, x-rays, and/or high-energy electrons. The radiation may kill bacteria on the instrument and

in the container. The sterilized instrument may then be stored in the sterile container. The sealed container may keep the instrument sterile until it is opened in a medical facility. A device may also be sterilized using any other technique known in the art, including but not limited to beta radiation, gamma radiation, ethylene oxide, plasma peroxide, and/or steam.

While this invention has been described as having exemplary designs, the present invention may be further modified within the spirit and scope of the disclosure. This application is therefore intended to cover any variations, uses, or adaptations of the invention using its general principles.

Any patent, publication, or other disclosure material, in whole or in part, that is said to be incorporated by reference herein is incorporated herein only to the extent that the incorporated materials do not conflict with existing definitions, statements, or other disclosure material set forth in this disclosure. As such, and to the extent necessary, the disclosure as explicitly set forth herein supersedes any conflicting material incorporated herein by reference. Any material, or portion thereof, that is said to be incorporated by reference herein, but which conflicts with existing definitions, statements, or other disclosure material set forth herein will only be incorporated to the extent that no conflict arises between that incorporated material and the existing disclosure material.

What is claimed is:

1. A method for determining the position of a rotatable jaw of a surgical instrument attachment relative to a non-rotatable jaw of the surgical instrument attachment, wherein the surgical instrument attachment comprises a first rotatable drive and a second rotatable drive configured to change the position of the rotatable jaw relative to the non-rotatable jaw, wherein the surgical instrument attachment is configured to be attached to and detached from a surgical robot, and wherein the method comprises:

assembling the surgical instrument attachment to the surgical robot;

rotating, by the surgical robot, a first rotatable driver of the surgical robot from a first reference position to align the first rotatable driver with the first rotatable drive of the surgical instrument attachment;

rotating, by the surgical robot, a second rotatable driver of the surgical robot from a second reference position to align the second rotatable driver with the second rotatable drive of the surgical instrument attachment;

evaluating the amount of rotation required to align the first rotatable driver with the first rotatable drive with an encoder and the amount of rotation required to align the second rotatable driver with the second rotatable drive;

calculating a difference between the amount of rotation of the first rotatable driver and the amount of the rotation of the second rotatable driver; and

determining the position of the rotatable jaw relative to the non-rotatable jaw at the instant the surgical instrument attachment is attached to the surgical robot based on the calculated difference.

2. The method of claim 1, further comprising adjusting the position of the rotatable jaw to a predetermined position by the surgical robot after determining the position of the rotatable jaw.

3. The method of claim 2, wherein the predetermined position comprises a fully unclamped position.

4. The method of claim 2, wherein the predetermined position comprises a fully clamped position.

5. The method of claim 4, further comprising stapling tissue after positioning the rotatable jaw in the fully clamped position.

6. The method of claim 1, wherein the determining the position of the rotatable jaw comprises determining the angular position of the rotatable jaw.

7. A method for determining the position of a drive member of a surgical instrument attachment the instant the surgical instrument attachment is attached to a surgical robot, wherein the surgical instrument attachment comprises a first rotatable drive and a second rotatable drive configured to change the position of the drive member, wherein the surgical instrument attachment is configured to be attached to and detached from the surgical robot, and wherein the method comprises:

attaching the surgical instrument attachment to the surgical robot;

rotating, by the surgical robot, a first rotatable driver of the surgical robot from a first driver home position to align the first rotatable driver with the first rotatable drive of the surgical instrument attachment;

rotating, by the surgical robot, a second rotatable driver of the surgical robot from a second driver home position to align the second rotatable driver with the second rotatable drive of the surgical instrument attachment;

evaluating the amount of rotation required to align the first rotatable driver with the first rotatable drive and the amount of rotation required to align the second rotatable driver with the second rotatable drive;

calculating a difference between the amount of rotation of the first rotatable driver and the amount of the rotation of the second rotatable driver; and

determining the position of the drive member based on the calculated difference.

8. The method of claim 7, further comprising adjusting the position of the drive member to a predetermined position by the surgical robot after determining the position of the drive member.

9. The method of claim 8, wherein the predetermined position comprises a fully unactuated position.

10. The method of claim 8, wherein the predetermined position comprises a fully actuated position.

11. The method of claim 10, further comprising stapling tissue after positioning the drive member in the fully actuated position.

12. The method of claim 7, wherein the drive member is configured to articulate an end effector of the surgical instrument attachment.

13. A method for determining the rotational position of a rotatable shaft of a surgical instrument attachment when the surgical instrument attachment is attached to a surgical robot, wherein the surgical instrument attachment comprises a first rotatable drive and a second rotatable drive configured to rotate the rotatable shaft, wherein the surgical instrument attachment is configured to be attached to and detached from the surgical robot, and wherein the method comprises:

attaching the surgical instrument attachment to the surgical robot;

rotating, by the surgical robot, a first rotatable driver of the surgical robot from a first reference position to align the first rotatable driver with the first rotatable drive of the surgical instrument attachment;

rotating, by the surgical robot, a second rotatable driver of the surgical robot from a second reference position to align the second rotatable driver with the second rotatable drive of the surgical instrument attachment;

evaluating the amount of rotation required to align the first rotatable driver with the first rotatable drive and the amount of rotation required to align the second rotatable driver with the second rotatable drive;

calculating a difference between the amount of rotation of the first rotatable driver and the amount of the rotation of the second rotatable driver; and

determining the rotational position of the rotatable shaft based on the calculated difference.

14. The method of claim 13, further comprising adjusting the rotational position of the rotatable shaft to a predetermined position by the surgical robot after determining the rotational position of the rotatable shaft.

15. The method of claim 14, wherein the predetermined position comprises a fully unactuated position.

16. The method of claim 14, further comprising stapling tissue after adjusting the rotational position of the rotatable shaft.

17. The method of claim 13, wherein the rotatable shaft is configured to articulate an end effector of the surgical instrument attachment.

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